

THE
MEDICAL BULLETIN:

A MONTHLY JOURNAL OF
MEDICINE AND SURGERY.

VOL. IX.

PHILADELPHIA, APRIL, 1887.

No. 4.

A CLINICAL LECTURE.

RELAPSING TYPHOID; CONSTIPATION; RELATION OF ALBUMINURIA TO ERYSIPELAS.

BY MORRIS LONGSTRETH, M.D.

DELIVERED AT THE PHILADELPHIA HOSPITAL.

[Reported for THE MEDICAL BULLETIN by
J. W. SUTTON, M.D.]

GENTLEMEN: I want to show you first, this morning, some specimens we have here from a typhoid case,—relapsing typhoid.

Here was a case that had not gone on to perforation. He died rather from the shock of the coming peritonitis. With the most careful management of these specimens they ruptured in making.

We have here two lesions, the primary ones and the secondary ones. Let us commence at the upper part here. You can see very readily on that surface the Peyer's patch. That is a Peyer's patch, there; you see the swelling there; or, as we come down to the next specimen here, we have some of the solitary glands enlarged. Yes, there is one of the solitary glands that is very evidently enlarged. Here there is a patch, finally, that has been in nearly the whole extent enlarged. Here you see the solitary glands more effectually than before, and here about four inches above the ileo-cæcal valve the whole sweep of the gut seems to be affected and nearly broken through.

The appendix vermiformis is very much swollen. Look here at the mesentery, you can see without difficulty the swollen glands; see how they pop out from the surface; all that thick-

ness there is from the gland. I cut into it, and it at once gives evidence of its swelling, for it bursts out. I should hardly call that spleen—which has a weight of thirty-two ounces—a typhoid spleen; it must have been enlarged from some other disease.

A typhoid spleen may be enlarged to sixteen or eighteen ounces, but thirty-two ounces is too much. This is what we call the currant-jelly spleen, for when cut it lets out a mass of pulp which looks very much like jelly.

Now the liver,—here we have a swollen liver, you can plainly see the swelling, see the marks of the ribs upon it which have been produced by the swollen condition. When I cut it there is a peculiar appearance which we call cloudy swelling. This man has evidently had malaria, for there are fibroid thickenings of the liver. These cloudy swellings of the liver of course interfere with the functions of the liver, and the bile that is secreted is very poor bile; it has very little of the elements of bile in it. This bile is a very pale yellow, indeed. Swelling of the liver cells always interferes with their function.

The kidneys show us little or nothing; they are a little swollen as might be expected, but they gave us no symptoms during life. I wish to show you his temperature chart. Ordinarily, you know, perforation is not common during the relapse, though it happened here. According to this temperature chart the man was out about a week. The temperature reached its highest the day after admission, when it was 104° Fahr. The temperature chart shows us that the disease commenced about a week before his admission,—about the first of the month. When I took

charge of the ward the man was apparently convalescing. As his temperature went down the man became very depressed in his feelings. He would greet me every morning with the remark that he did not think he would be there when I came again.

I am always concerned about these convalescents from typhoid fever when they become depressed in spirits, for I have always found it to be followed by some serious trouble. About the third of the month, suddenly, the temperature took a leap; it runs up here to $103\frac{1}{2}^{\circ}$ Fahr., and the following day to $104\frac{1}{2}^{\circ}$ Fahr., then continuing pretty regular until the day of his death, when it had fallen to $99\frac{1}{2}^{\circ}$ Fahr., but at his death it ran up to 104° Fahr. again. There was no evidence of blood poisoning; the heart was not weakened to any great degree.

This man, then, died from the gradual approach of these ulcers toward the surface, and it is probable they would have perforated within a very few hours from the time of his death. In making the autopsy, if the intestines have been perforated you find the cause of the death. Here, however, the abdomen was not distended, and there was no such cause.

There was, evidently, peritonitis threatening, and he had pain, but there was no such thing as inflammatory effusion. As I said to you, the perforation during a relapse is uncommon; I spoke of this as a perforation, although the perforation had not actually occurred; it is because the bowel has come to the very last or peritoneal coats, and therefore we speak of it as perforation. Yesterday, I made an autopsy where there was perforation, and it was a very curious case, indeed; the man had very few of the symptoms of typhoid. Nothing in his case had been found at all; he had a little diarrhoea, however, and, as regards his temperature, although the highest it had reached was 103° Fahr., during the greater part of the time it had been only 101° Fahr. There was blood passing from the rectum, bloody stools, and it seemed to the attending physician that there had been perhaps intussusception. In this case, the perforation occurred about the fourth week, a very late period for the perforation to come on.

Here is a case in which I have a very great deal of interest. I have already shown you one,—it is constipation. I am always glad to show you cases of constipation, because they are

some of the hardest to treat. There is nothing more difficult to gauge than your purgatives; whether to give them or not to give them; whether you will use internal purgatives, either by the mouth or injection, or whether you use electricity or some manipulation of the abdomen.

Here we have a type of a class of cases that is a very frequent class. Here is a young woman who has been a domestic at one time. She has lately been taking care of a person who has been ill, and she has therefore been confined very much to the house, digesting her food very badly. She tells us that she has been complaining more or less since last August. The suffering has been in the back and abdomen, and while she has been able to attend to her work it has been a discomfort to her. The bowels have been moved, though very ineffectually; this was sometimes as the result of medicine, sometimes without. She complains a great deal of headache, in addition to this pain in left hypochondriac and lumbar regions. This pain is confined to these parts, though it is very severe on walking. Efforts at defecation and straining increase this pain. She also tells us that it is almost impossible for her to walk straight for the pain. She feels better after the bowels have been moved for a time, and then it comes back again. There has been trouble here with the bladder and kidneys, although these organs are normal. When she came in here her tongue was coated and white all the way down to the point. These edges here were covered with a thick, white coat.

Now, examining the side, pain commences about here, in the hypochondriac region, and comes down to that region about the crest of the ilium; it is very sore. I cannot say that I have yet been able to make out the dulness here at all by percussion. The percussion in these cases must be deep, but she shrinks when you touch the side so that you cannot make out any dulness. Taking the history altogether, it seems to be simply one of these cases of constipation. I concluded, although she did not tell me, that she had gone through the usual course of purgatives. The question is, whether you have got a large mass or a small mass. I thought in this case we had better proceed without purgatives, therefore we commenced with enemas, and we did not effect very much. We did not get anything away to speak of. After the trial, and with full dose, we then had

come away two very large white masses, and they were very large; the rectum became well stretched by them.

The enema that we finally resorted to was a quantity of glycerine and water. We used also turpentine in the enemata. There are a very great many things that we have to do to make her comfortable. I have not yet been able by pressure to tell whether there is anything in the colon or not, because she is so tender in this part that spasm of the muscles comes on and prevents. We will continue the enemata of the oil and the glycerine. You want in these cases something to soften the mass. Now, if you give oil, croton oil, and such things, you may tear the bowel; you will certainly irritate the bowel, and get something like peritonitis. You must get these masses away mechanically, and you have to do it slowly, and do it well, so that you can feel the colon from one end to the other and be able to say there is nothing there. If you do not get it all away, the next month you will have the same condition and will not have benefited your patient at all. You must not be deceived into thinking you have gotten all this mass away because you have two or three very large stools following your enemata, for what appears, when passed, to be a very large mass, in all probability was only a small lump in the intestines, because these small scybalous masses swell up to an enormous extent from the absorption of liquid of the injections, therefore you must not be satisfied with two or three large movements.

You must see to it that your patient's tongue gets clear before you consider that the case is through with. Therefore, we commenced administering to her small doses of calomel and soda. We gave it in the smallest doses so as to change the action of the mucous membrane completely.

Here is a characteristic case of facial erysipelas. This is the third attack now; she has had three attacks; the first one was in November, 1885; she was in the house at that time, and since her departure from the hospital she had an attack, it was in the latter part of December or January of last year.

She began to feel chilly, and later noticed the swelling of the left eye-lid and a day or two after noticed the redness of the left cheek, and during the day before her admission she had alternation of chill and fever. On the morning of the fourteenth she noticed the redness coming

down on her left cheek as well as about the eyelid. When she came in here, the swelling was so great that she could not open it, and the swelling even buried the eyelashes out of sight. When she came here we found the temperature quite high; it was up to $104\frac{1}{2}^{\circ}$ Fahr.; she had a dry, branny skin, and parched lips. I saw her on the morning after her admission. The temperature had fallen very little; it was down to $104\frac{2}{3}^{\circ}$ Fahr. We gave her *jaborandi*, and the doses commenced with thirty drops of the fluid extract of *jaborandi*, and we smeared the eye over with cosmoline, and this gave her a great deal of relief. Her tongue when she came here was almost brown, now it is white, still dry, but much moister than it was.

She has been taking this medicine regularly through the night, so that the average has been every three hours since she has been in the house. Now, there is one point to which I want to call your attention; these cases are almost always accompanied by a trace of albumen in the urine. We have ordinarily thought that the albumen came during almost any erysipelatos attack, and that it was not fairly to be regarded as a poison that would remain permanently in the body.

I have been waiting for a case where there has been repeated attacks of erysipelas. In her first attack there was albumen passing in the urine, when, however, the disease passed away, so did the albumen. Now, in this attack we find that the albumen is more than it should be ordinarily. If the albumen is simply a high temperature affair, and not renal mischief, why the higher the temperature the more albumen we should find. So that we may calculate, during forty-eight hours, to show the exaggerated temperature, and whether we have a more decided amount of albumen than we should have. There are no casts or blood corpuscles here in this case, and I hope by collating a large number of these cases that we may be able to show that albumen is not a serious affair, and will pass away with the disease without leaving any evil traces behind.

This is all I have to show you to day, gentlemen.

TANNIN FOR INGROWING TOE-NAILS.—The application of a concentrated solution of tannin to the toe, several times a day, is said to quickly lessen the pain, and after a few dressings the patient is able to move about with comfort.

ORIGINAL COMMUNICATIONS.

TWO CASES OF ACUTE CATARRHAL PNEUMONIA FOLLOWING PERTUSSIS, TREATED BY OXYGEN; RECOVERY.

BY W. B. SAWYER, M.D., RIVERSIDE, CAL.

SOME years ago the attention of the writer was directed by an anxious patient to a so-called new discovery in medicine, and his advice asked concerning it. Loudly vaunted as a cure-all, vended then as now as a commodity by irregular and irresponsible men, advertised in the daily press, and bearing a name which, on its face, showed it to be the offspring of ignorance and dishonesty, I advised my patient that it was a humbug. It was "Compound Oxygen." Knowing oxygen to be an element, and being unable to ignore the fallacy of a compounded element, seeing also the proneness of the fictitious gentry who so readily assume the livery of true medicine, to tack a name compounded and "twice confounded" to anything they might invent, I turned with disgust from this compound, and for many years any suggestion of oxygen itself was a rank and disagreeable odor in my nostrils.

A few months ago, at the suggestion of a medical *confrère*, I read with some interest, though not without a shade of the old distrust, a monograph on oxygen by Dr. Wallian, of New York, and watched with a sort of suspicious and dissenting curiosity the effects of its use when exhibited as prepared and suggested by him. Not being in circumstances to observe continuously or closely the effects of this agent upon chronic ailments, there is nothing in my experience to add to facts already at hand concerning it in this respect; but, that it is a powerful, successful, and undoubted addition to the agents for the control of a certain class of acute diseases, the history of two cases herewith presented will warrant me in asserting.

Four children in one family were seized with pertussis. The eldest was first attacked, and was five years of age. The second two were twins, a boy and a girl, aged three years, of whom the boy was first taken a day or two after his older brother, and about the same length of time before his twin sister. The fourth was a nursing babe of four and a half months. The disease with all the children assumed a very

severe and harassing type. The number of paroxysms of coughing with the first two attacked reached the number of from fifty to sixty daily constantly, and lasted for nearly six weeks. Nearly every paroxysm continued until vomiting occurred, and so frequent was their recurrence that the minimum of food was retained. All possible care was given the patients, so far as hygiene was concerned, and a mixture of the bromides of ammonium and potassium, chloral, and belladonna given *secundum artem*, if possible, to control the spasms and cut short the duration of the attack.

On February 2d, five and one-half weeks from the outset of the disorder, the oldest boy showed extreme exhaustion, and slept a large part of the day. His severe prostration wholly due to the protracted nature and severity of his disease. February 3d, at noon, the mother became much alarmed on account of the high fever she observed, and from the presence of blood in the sputa. Summoning the physician, an examination revealed a temperature of $104\frac{3}{4}^{\circ}$ Fahr., a pulse of 160, and respirations 44 per minute. Physically, a space corresponding to nearly the whole of the lower anterior lobe of the left lung was found to be flat, auscultation revealing besides, coarse and fine bronchial râles (these also diffused through both lungs), undoubted and numerous crepitant and subcrepitant râles. The flatness became dulness in the axilla, and shaded toward the normal percussion note in the back, where the stethoscope gave negative results. The curves of temperature, pulse, and respiration-rates up to the tenth day, when convalescence had been established, may be seen in chart on page 101.

On the fourth day, corresponding to an inconsiderable rise in temperature, but to a quite marked rise in respiration-rate, it was found that the whole of the left lung, in front, was dull on percussion, and the stethoscope revealed an abundance of crepitant and subcrepitant râles. The sputa throughout varied, being at first quite copious and of the prune-juice type, later, less copious, and of a rusty nature. It was constantly frothy and ropy, but not thready, and contained at all times flecks and streaks of bright blood. Cough, was constant, but less and less frequent and severe. The appetite was good throughout, and food taken was well digested and assimilated. There was no delirium or coma, nor any approach to either symptom; and, though considerable emacia-

tion, there was a disproportionate loss of strength. A slight deafness, noticed during the

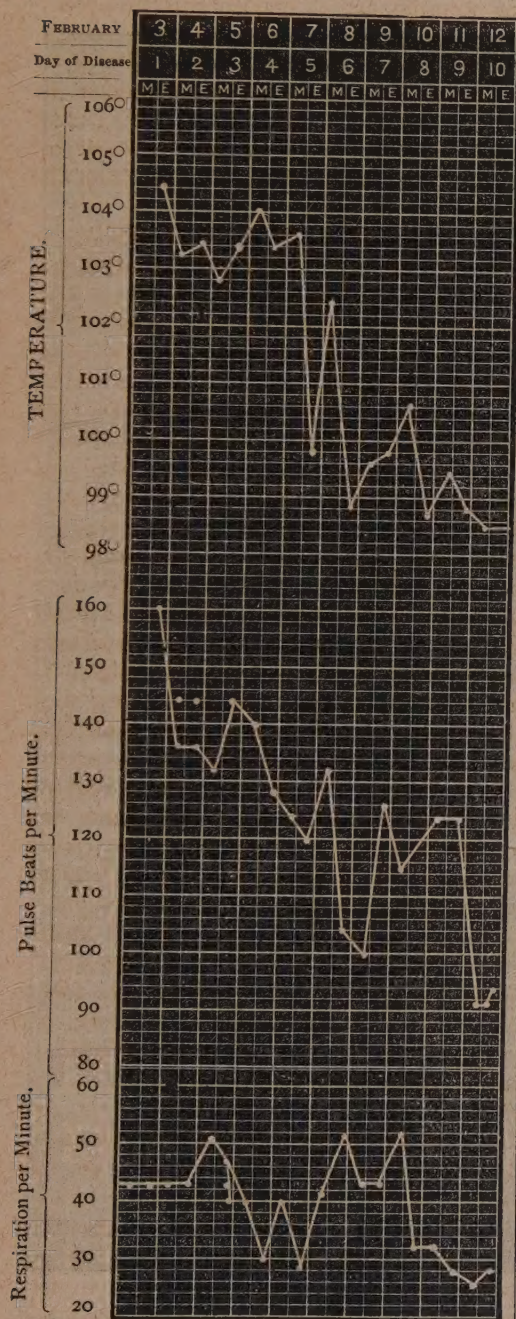
*Case of E. H. S., Aged Five Years.
Acute Catarrhal Pneumonitis.*

not having entirely left, however, until recovery. The bowels were constipated and flatulent up to the seventh day, accounted for, doubtless, by treatment. A superficial ulcer formed on one side of the tongue of the size of a bean, and the lips were extensively covered with herpetic blisters. Though some complaint was made of the side, pain was not a prominent symptom.

The treatment consisted in enveloping the entire chest in a jacket made from an old flannel shirt padded with a quarter inch thickness of absorbent cotton, on which was poured a few drops of camphorated oil; Dover's powder, given in five-grain doses every six hours, and inhalations of oxygen; the patient being kept in an unvarying temperature of 68 to 70° Fahr., and diet restricted to milk. The constipation was treated by simple enemata and senna, and the ulcerated tongue with iodoform.

On the same day the oldest child was taken, the second, one of twins, showed some indications of serious trouble, and was put to bed with his brother. The next day, and five succeeding days, were marked with a temperature above normal, a high pulse, and all other signs of constitutional trouble, but no absolute records were kept, the highest point of temperature being 101° Fahr., the pulse 92 per minute. On the seventh day of illness the temperature rose to 102° Fahr., and on the eighth to 106 $\frac{3}{8}$ ° Fahr., with a corresponding pulse and respiration rate. For twenty-two days the temperature, pulse, and respiration-rates rose and fell as seen by the following chart, page 102.

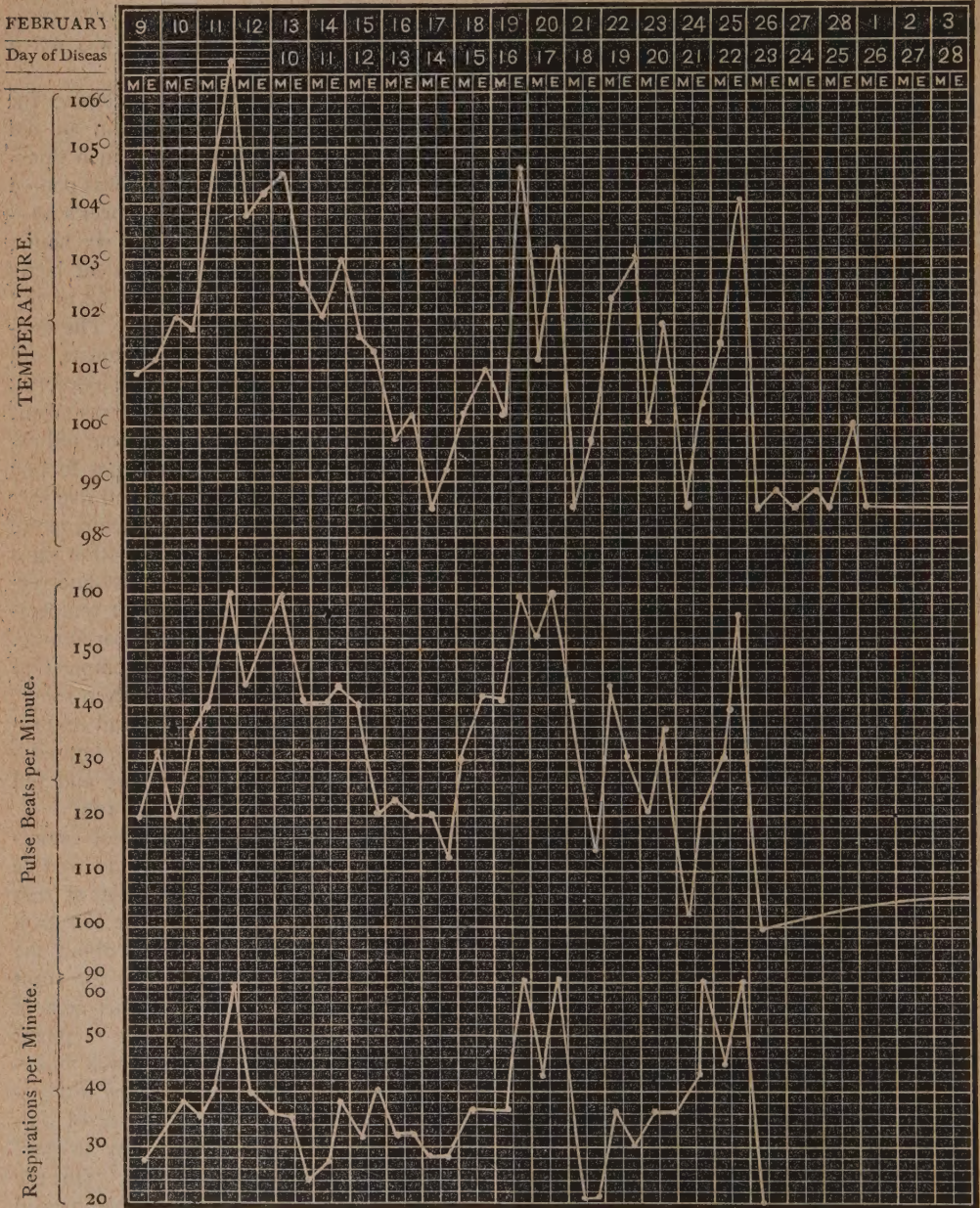
Previous to the eighth day physical examination failed to give evidence of any trouble other than extensive bronchitis, but at that time, corresponding with the great elevation in temperature, a marked dulness about the size of the hand was noticeable over the right lung low down in front. Over this area of dulness everywhere were discernible crepitant and sub-crepitant râles, the voice was appreciably nearer, and the respiration note was distinctly broncho-vesicular. This area of dulness gradually diminished from day to day, and with it the stethoscopic signs. On the morning of the fourteenth, both had passed away, and both lungs seemed normal; but the paroxysms of the cough still remained and seemed to reassert themselves with more than usual severity. For two days the temperature steadily rose, and on the evening of the six-



week prior to the outset of the complication, became almost complete during the first few days of high temperature, but gradually faded,

teenth, with a temperature of $104\frac{3}{8}^{\circ}$ Fahr., the apex of the left lung was found to give exactly the same physical signs as first noted at of the eighteenth day of the disease. On the evening of the nineteenth day the symptoms and physical signs again showed an exacerbation.

H. A. S., Aged Three and a Half Years. Acute Catarrhal Pneumonitis.



the base of the right. These subsided like the first with a corresponding subsidence of constitutional symptoms till normal temperature, etc., was once more touched on the morning tion, and, with a temperature of 103° Fahr., percussion and auscultation showed the seat of the disorder to be still the left apex, though the line of dulness extended lower, merging into

the upper line of cardiac dulness. A day and a half remission then took place, the temperature coming to the normal line with apparent complete resolution of the diseased lung on the morning of the twenty-first day. The evening of the twenty-second found temperature, pulse rate, and respiration once more high and rapid, and with them an area of dulness with the usual coexisting stethoscopic signs over the right apex, and extending as low as the third rib in front. A complete drop to normal in temperature, with an almost though not absolute cessation of physical signs took place between the evening of the twenty-second and twenty-third days, and from that date convalescence became established. There was a slight rise in temperature and pulse rate on the evening of the twenty-sixth day, due to alimentary disturbance, but without any corresponding evidence of new complication in the lungs. Convalescence was extremely tedious, all the symptoms of extreme exhaustion being present. Only on the evening of the twenty-eighth day from the beginning of the disorder, did either parents or physician feel assured that recovery would ensue, and that the little patient had now taken the first steps toward it. The sputum, as in the previous cases, on the eighth day was bloody; also on the sixteenth and nineteenth, and was followed by a rusty one on each succeeding day of the three. Aside from this the character of the sputa was frothy and ropy, as with the elder child, with occasional flecks of blood. Cough was constant, the distinct whoop of pertussis being left even after convalescence had been established, but was not so prominent during the febrile exacerbations as during the times of remission. The appetite was good all the time, and ravenous after the nineteenth day, the tongue free from coat, and the bowels, though somewhat constipated, partly from medication, showing no complication. The small quantities of food given were well digested and assimilated, and vomiting during one or two evenings during convalescence, attributed to overfeeding and general exhaustion, with a little flatulence once or twice noticed during the progress of the disease, were the only symptoms of alimentary disturbance. There was neither delirium nor coma in this case. To illustrate the degree of emaciation induced, every vestige of superfluous flesh was lost; the processes of the bony parts were everywhere visible, and the origin and in-

sertion of the superficial muscles could be easily made out. The veriest minimum of strength was left, the child being unable to sit or stand, and only with great difficulty and exertion to raise its hand to its face. Ulceration of the frenum and sides of the tongue occurred, and herpetic blisters upon the lips were present from about the tenth to the fifteenth days. Pain was present in the chest at times, though quite inconsiderable and little complained of.

The diagnosis in these cases was acute catarrhal pneumonia. The only conditions with which there was any great possibility of confounding them was the croupous form of the lung disease, and capillary bronchitis. The case of the eldest more nearly approached ordinary croupous pneumonia, and the rusty sputa and extent of dulness, with the steady fall in fever curves in it, were indicative of this lesion. But the consideration of the cause in both cases, an analysis of the physical signs, the absence of distinct localization in one or two lobes, and the complete absence of the characteristic viscid sputa, left no doubt in the mind of the attendant physician—his opinion being coincided with by the three others with whom he constantly consulted. The history of the case with the younger child, following the characteristic and universally observed remittent course noticed in such cases, in connection with the changeable seat of the lesion in the lung, removed any question as to diagnosis. The prognosis in both cases was grave, and with the younger child extremely so. With a mortality of from ninety to one hundred per cent., according to the fullest published statistics, and with the complication of long-continued and severe pertussis, recovery seemed quite improbable, and a fatal termination was naturally to be expected, to occur sooner or later.

The treatment was, as in the first case, the oiled, padded jacket, Dover's powder (only continued however for two or three days), an unvarying temperature, stimulating and highly-nourishing food (wine whey, champagne, beef-tea, and milk), given toward the last by enemata as well as per ore, carbonate of ammonia, once or twice when the character of the pulse seemed to indicate it, quinine by inunction, and, finally, by capsules, six grains per diem after the twentieth day,—and *oxygen*.

Oxygen was used in these cases at first, tentatively. Believing, from the nature of things

and the recognized laws of pathological physiology, that fatal results and more severe symptoms were brought about by the poisoning of blood from carbonic acid gas; that death usually resulted from slow asphyxia, or was brought about through extreme prostration of the whole nervous and muscular systems with inability to free themselves from the accumulating poisons, resulting from rapid tissue metamorphosis,—in short, from lack of oxygenating power it was deemed rational as well as imperative to supply this agent in quantity as greatly in excess of the usual amount as the capacity of the lung to extract it from the usual medium, air, was decreased. The facts in both cases, to all observers of them, seemed emphatically to corroborate the theory. The ordinary and reasonable secondary symptoms did not occur. The blood was kept up to, perhaps beyond, its usual degree of oxidization. There were none of the usual concomitant symptoms of brain involvement in either case, though with the younger child there was an average temperature of 102° Fahr., an average pulse-rate of 136, and a respiration-rate of 37 per minute, during seventeen days. All the physiological functions, other than those directly involved in the active lesion, were carried out without change, except as they would be necessarily enfeebled, in any case of the same duration, from exhaustion and its concomitants.

In these cases the use of oxygen was remarkably effective for good. Every one at the bedside marked the effect of the gas upon the patient. The gray, ashen look of partial asphyxia was changed to that of apparent health after a few whiffs of the gas; and when from diminution of working lung tissue and excess of cough, further evidences of impoverished blood showed themselves in blue nails, rapid pulse (far more rapid even than any published in the record), and extreme nervousness, pushing the agent by a continuous exhibition of the gas never failed to relieve, and usually induced a quieting and restful sleep for a longer or shorter period.

The method of using the gas was primitive, there being at hand no proper apparatus for administration in such cases, and the amount obtainable being only twenty gallons at a time. It was carried from the gasometer in rubber bags, holding ten gallons each, given by opening the tube connected therewith under the nostrils of the patient, at longer or shorter intervals.

Much of the gas was unavoidably wasted in this way, though what was not inhaled directly, no doubt served to enrich the surrounding atmosphere, and thus helped indirectly. The amount varied; the largest quantity being about two hundred and forty gallons daily during the most critical hours of the disease, and as little as twenty gallons daily in the earlier and later stages of the disease.

These cases are given to the profession for what they are worth, in the line of experiment with a new, or at least, not well understood remedy. Judged by the results in these cases, oxygen seems to occupy a place among curatives which has not yet been generally acknowledged. The possibilities and the final results of efforts in this line must be left to clear-headed and thoughtful practitioners. Should further trial, investigation, and clinical tests prove what seems probable, that a comparatively unrecognized but really scientific agent has been made available in modern practice, and that a vital modification in the current treatment of a hitherto very fatal class of ailments has been made feasible, Dr. Wallian, of New York, deserves the thanks of his professional brethren, and the gratitude of thousands who, without this aid, would be doomed to perish, but who may now be saved.

Should the writer seem in this report to have been warped in his judgment, misled in his views, or prejudiced in his conclusions, there is, at least, a plausible excuse and apology; and it can but emphasize the interest he may have taken in, and the care he may have given them. The children were his own.

CASE OF MYELOID SARCOMA, INVOLVING BOTH SUPERIOR MAXILLARY BONES AND HARD AND SOFT PALATE;

REMOVAL OF THE GROWTH, TOGETHER WITH THE GREATER PART OF BOTH BONES; RECOVERY.*

BY F. BOWREMAN JESSETT, F.R.C.S., ENGLAND,
Surgeon to the Cancer Hospital, Brompton.

A MARRIED woman, S. G. B., aged thirty-five years, was admitted into the Brompton Cancer Hospital on October 31, 1886, with a large growth, involving the whole of the hard palate and projecting into the mouth to the line of the teeth on both sides.

*Read before the Medical Society of London.

Family History.—Her grandfather died of epithelioma of the lip; no further history of cancer in the family. Father and mother both living and healthy. No history of phthisis or syphilis.

Previous History.—She first noticed a lump on the hard palate twenty-one months ago; it grew rapidly until it attained the size of a bantam's egg, and projected considerably into the mouth, interfering with mastication and speech. She, six months after first noticing the growth, went to Guy's Hospital, where she was operated upon by Mr. Clement Lucas, through the courtesy of whom I obtained from Mr. Targett, the surgical registrar of Guy's Hospital, the following particulars: "She was admitted into the hospital on June 11, 1885, under the care of Mr. Clement Lucas, for a myeloid sarcoma of the hard palate, which had existed about six months. On June 16, 1885, Mr. Lucas excised the tumor with scissors and then scraped the base, applying tannic acid to stop hemorrhage; no portion of the hard palate was removed, and on June 28th she was discharged, the wound having granulated nicely." In June, 1886, she was admitted into St. Thomas's Hospital under Sir W. MacCormac, with extensive recurrence of the growth. On examination it proved to be a very vascular sarcoma, with definite myeloid cells and spicula of bone.

She noticed the edges of the opening in her palate, the result of the removal of the tumor, swollen and tender, about three months after she left Guy's Hospital, and from that time the growth extended rapidly.

Present State.—October, 1886. There is an irregular mass implicating the whole of the hard palate, and the inner aspect of the gums on both sides as far forward as the first molar tooth. The soft palate is also infiltrated with the disease to within a quarter of an inch of its posterior edge: the growth extends upward into both nostrils, but more so in the left, where it is seen protruding for some considerable distance, presenting somewhat the appearance of a large polypoid growth. The patient cannot breathe through either nostril. By digital examination of the pharynx the tumor is felt pressing back upon its posterior wall, and it is impossible to ascertain how high it extends posteriorly. The patient suffers comparatively little pain from the growth, but complains chiefly of the difficulty in eating; the movements of the tongue and capacity of the mouth

being limited by the growth, which is the sign of a large lesion projecting into it. There has never been any bleeding. The tumor feels hard but elastic to the touch, is firmly fixed and appears to extend deeply into the antrum on either side. There is a slight fulness over the left antrum, but the teeth on both sides are very good and in no degree loosened.

At the urgent request of the patient I consented to endeavor to remove the growth, although at the time I feared I should not be able to do so without removing the whole of both the superior maxillary bones; but I determined in the first place to endeavor at any rate to leave the infra-orbital plates intact if possible, and I hoped to be able to accomplish this, as from the history of the case it appeared clear that the growth commenced solely from the hard palate or from the alveolar process.

On November 9th, the patient being placed fully under the influence of an anæsthetic, I made a most careful examination of the tumor, but could find out little more than I had done previously. The growth, however, extended so far back and appeared so firmly fixed that I had some misgivings as to the result of the operation.

Operation.—I made two incisions, extending from either angle of the mouth upwards and outwards towards the outer angle of the orbits. I then reflected the flap thus formed, which included the nose, upwards over the forehead, and in this manner thoroughly exposed the whole of the front of the growth and superior maxillary bones. I next, with a fine, narrow saw, divided both bones about half to three-quarters of an inch above and parallel to the alveolar processes, through their whole extent, and with a raspatory, used as a lever, separated this portion of the bones from the upper and remaining halves. Having thus loosened this portion with the tumor attached, I seized it with the lever forceps, and at the same time introduced the index finger of my left hand into the pharynx behind the growth, and in this manner was enabled gradually to remove the whole of the disease, with the exception of that portion which had grown into the antrum on the left side. This, however, was quite detached, and was subsequently easily removed by means of a Volckman's spoon. There was scarcely any hemorrhage, and the disease appeared to have been entirely limited to the portions of bone removed, having grown

from thence upward, and insinuated itself into the antrum and between the ethmoidal spongy bones.

The skin-flaps were next brought together with hare-lip pins and one or two horse-hair interrupted sutures, and the whole surface dusted over with iodoform. The patient, who stood the operation very well, was returned to bed. She was fed for the first twenty-four hours with nutrient enemata, after which time she took food by the mouth from a feeding-cup, with a piece of India-rubber tubing attached, sufficiently long to pass over the root of the tongue.

November 10th. Patient has passed a good night. Temperature normal.

November 12th. Patient still doing well. The mouth is kept washed out with a solution of boro-glyceride; there is very little discharge. Takes nourishment well.

November 15th. Two of the hair-lip pins removed. No signs of pus on them.

November 16th. The remaining hair-lip pins removed. Wound perfectly healed.

The patient from this point made an uninterrupted recovery, and is now, as you see her, February 14th, more than three months after the operation, quite well. Her speech is peculiarly good; in fact, with the exception of a few letters, she speaks well. There is little or no deformity. She is now being fitted with a plate, by which means it is hoped to enable her to masticate fairly well.

Remarks.—This case represents one of those rare cases in which the removal of the greater part of both the superior maxillary bones may be practised with advantage. In performing the operation, I preferred adopting the primary incision, as suggested by Heyfelder, as, from the size of the growth and the uncertainty of its deep attachment, I thought these incisions would afford the greatest possible amount of room for the removal of the tumor, and also, in case of deeply-seated hemorrhage occurring during or after its removal, these incisions would enable me to obtain the best view of the deep parts. After having fully exposed the tumor by reflecting the flaps upwards, instead of attempting to pass a chain-saw through the spheno-maxillary fissure, which in this case would have been, I think, impossible to accomplish, I preferred to saw through the maxillary bones from the front, and then, by inserting a chisel into the divided tract, to separate the alveolar processes and lower part

of the bones from the upper. By this means I avoided wounding the growth, which was very vascular, and I was enabled to remove it with its attachments, as you see, entire.

Had I persevered and thrust the chain-saw through the spheno-maxillary fissure, and sawn through the bones from behind, it is evident that I must have divided the growth as well, and in all probability met with very considerable hemorrhage. By the method of dividing the bones which I adopted I was enabled to preserve the pterygoid processes of the sphenoid bone intact, which is of very great importance. Had the disease extended deeper than it did, by removing the lower portion of the bone by this method it would have been easy by means of the gouge à gouge forceps to remove as much more as might have been necessary.

Doubtless this method of proceeding has been adopted by other surgeons, but I have been unable to find any case so operated on recorded.

A point of interest about the growth is its character. The original growth, when removed at Guy's Hospital, is reported to be myeloid sarcoma; again, when the patient presented herself at St. Thomas's Hospital, the growth is described as a myeloid sarcoma. The substance of the tumor now, however, has appeared to have undergone a change, for there are only a few myeloid cells to be seen, while the bulk of the tumor seems to be made up of a fine fibrous stroma interspersed with a number of small round cells.

Another interesting point is that when Mr. Lucas removed the growth in June, 1885, he did not remove any of the hard palate; now, however, as you will see if you examine the specimen, the whole of the hard palate is gone, having been destroyed by the tumor. There is no doubt the growth commenced in the periosteum of the hard palate, for Mr. Lucas is reported to have scraped the base after removal with scissors, and the growth extended right and left, absorbing the bony structures as it extended, at the same time pushing its way upwards and intrenching itself into the antrum on either side and backwards between the ethmoidal spongy bones.

THE Archives of Pediatrics will be hereafter published by J. B. Lippincott Company, 715 and 717 Market Street, Philadelphia.

SELECTED ARTICLES.

NOTES ON THE INDICATIONS AND CONTRA-INDICATIONS OF THE BROMIDES IN PRACTICE, ESPECIALLY IN DISEASES OF THE NERVOUS SYSTEM.

BY C. H. HUGHES, M.D., ST. LOUIS.

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THE misdirected employment of the bromides is extremely frequent, as the writer's consultations often yet confirm, and as his own former errors of practice have proved. Of late years he has endeavored to avoid these errors, and would have others, if possible, through his influence, likewise escape them; hence this attempt at a clinical differentiation of the therapeutic indications of the bromides in practice.

Since the first cure of epilepsy, recorded in English medical literature in 1853, this drug has become a universal remedy for all spasmodic and nervous affections, and in non-medical hands, as well as in the hands of the profession, as might have been expected, it has been both judiciously used and badly abused. Besides the irritation of free bromine in the stomach from too large and too frequent doses, we have the deleterious consequences of systemic excess in depraving nutrition and in too promptly maintained physiological impression, in sanguine saturation and the cutaneous acne and abscesses, especially those about the head and back of the neck, and the less extensive eruptions about the *alæ nasi*, and on the face and between the shoulders, down the spine, and on other parts of the body, and the final and paramount sequel of excessive bromism, muscular and mental incoördination, paralysis, and dementia.

But it is not of the abuse of bromide of potassium and kindred salts of bromine by excessive dosage in suitable cases for its employment that we wish especially to speak, as this subject is probably well enough understood by the profession, but of the abusive use of these salts by mal-administration in morbid conditions in which they are contra-indicated, and this itself would be text enough for a sermon of no little length.

The chief contra-indication for the bromine salts is anæmia and anæmic states of the nervous

system. It is not wise to give it invariably in all spasmodic conditions, without regard to the condition of the blood supply to the nerve-centres, as is too often indiscriminately done. There are some states and stages of hysteria and some forms of infantile convulsions in which chloral and other anti-spasmodics are far preferable and much safer. They are by no means the best remedies in spinal irritation, if unmistakably due to anæmia of the cord, especially the bromide of potassium, and in all states where there may be reasonable doubt in the mind of the prescriber as to the state of the blood supply, a judicious combination of the least depressing bromides containing always the ammonium, and often the manganic bromides should, in our judgment, be employed, and then sparingly, and not continuously, in combination with the compound hypophosphites, or ferrates and arsenic. The most egregious blunders are constantly committed in practice in the employment of bromide of potassium in large doses for the relief of melancholia or anæmic neuralgia.

A psychical centre of an illy-nourished cerebral cortex crying out in mental anguish, or a painful peripheral sensory nerve suffering for want of healthy nutrition, cannot be relieved by a remedy that cuts off, rather than supplies, blood; while an ideational center congested and suffering, or a neuralgia from pressure of malaria-poisoned blood, a vaso-motor system, partly paralyzed and a consequent congested capillary system, will be greatly relieved by this remedy.

Paralysis and pains of mal-nutrition and inadequate blood-supply are not the conditions which call for bromide of potassium, although a part of an organ may be painful or otherwise embarrassed in function by over blood supply, while other parts may not be so affected and the bromide may relieve through its power to dispel the local blood plethora.

Bearing in mind the foregoing contra-indications to the use of the bromides, we are prepared to understand, on the other hand, the many indications for their salutary use. These indications embrace all states of central or peripheral nerve oppression from hyperæmic conditions of the circulation, and from irregular blood supply due to weakened vaso-motor control. Bromide of ammonium might aptly be called the great antiturgescent.

Cerebral and spinal congestion and their results—mania, acute delirious mania, alcoholic

or malarial congestion of the brain, the congestion of cerebral or spinal concussion or congestion from mechanical violence of any kind to brain, or cord, or nerve centre, or periphery, congestion and consequent irritability of parts supplied by the ganglionic system (and this means congestion anywhere, as in the ovaries or testicles).

Although gelsemium or aconite seem preferable in inflammatory meningeal states, there is no better initial remedy for any form of meningeal congestion than a full dose (thirty to eighty grains according to the age, or urgency of indication), largely diluted, of bromide of potassium, or about one-fourth more of bromide of sodium.

In all those states of the nervous system, central or peripheral, when the vaso-motor nervous system seems to have lost or become impaired in its hold on the nourishing arterioles of the nerve centres as in epilepsy (gravior or mitior) and the active paroxysmal stages of hysteria, the bromides are called for. In these states we must often choose between the bromide of potassium and other bromides less depressive, or combine them judiciously with neurotic and hæmatic tonics.

Brown Sequard, to whom the profession is more than to any other physician indebted for the practical utilization of the bromides in epilepsy (though the bromide of potassium had been, in this disease, successfully employed in England before he recommended his combination) employs a mixture of bromide of ammonium with bromide and iodide of potassium, and bi-carb. of potassium in infusion of columbo.

His combination, which may be represented in the following six-ounce mixture:—

R. Potass. iodidi	3j.
Potass. bromidi	3j.
Ammon bromidi	3iiss.
Potass. bi-carb.	ʒij.
Infusion columb. q. s., ut. ft.	ʒvj.

Sig.—One drachm before each meal, and three at bed-time.

has been superseded by the blending of many more bromides, embracing potassium, ammonium, sodium, calcium, manganese, lithium, etc., with, or without, the iodide of potassium, the iodide being indicated in some, and contra-indicated in other cases, according to the existence or non-existence of scrofula or previous specific disease, and in some being absolutely contra-indicated by insurmountable idiosyncrasy.

Because of this fact the poly-bromides, especially without the iodide of potassium, has become a favorite and commonly employed compound.

The French sirop di Henri mure, exempted bromure et d'iodure, is a simple bromide of potassium syrup, similar to our bromide of potassium elixir, but very popular because of its assured purity and freedom from iodine and bromine, as the chemist who prepares it assures the profession.

A good deal of stress seems to be attached to the pure poly-bromides in France, but they are not purer than our own bromide compounds. They are not better than Peacock's poly-bromide mixture, which is a St. Louis manufacture of chemically pure salts, and the taste of the mixture is far more agreeable to many persons than the ordinary salty or salt and sweet mixtures.

I have a preference myself usually for my own special combinations, but Peacock's bromides, when the several salts of which it is compounded are indicated, is an excellent prescription, an agreeable and unobjectionable blending of the most valuable bromides ordinarily employed or required in one compound, viz., ammonium, sodium, potassium, calcium, and lithium bromides.

Of course, we do not always want to use them or any other definitely combined mixture of the kind throughout the treatment of a case, but often prefer to give the bromides separately, but when we want such a combination, we need not send across the Atlantic or have our druggist send there for it.

We prefer usually to make our own combinations, and have a preference for the sodium, ammonium and potassium salts with hypophosphites as follows:—

R. Potass. brom.,	
Sodii brom.,	
Ammon. brom.	aa ʒss.
Syr. hypnos.	
sine strych.	ʒiij.
Aq. menth. pip.	q. s. ft. ʒvj.
Vel. aq. cinnamomi.	

M. Sig.—Two teaspoonfuls largely diluted with water, one, two, or three times, daily, or oftener in special cases, as required.

An elegant compound, however, which we have used with satisfaction and directed for use, especially in the country, when we would

wish to be assured that the quality of our bromides is good, is as follows:—

R. Peacock's bromides	℥iv.
Syr. hypophos. co.	
sine strych.	℥iiss.
Ext. celery fluid	℥ss.

M. Sig.—Two to four teaspoonfuls one, two, or three times a day, as required.

When the hypophosphite syrup does not agree well with the stomach, we reduce the amount one half and add that much of Fairchild's essence of pepsin, thus:—

R. Peacock's bromides	℥iv.
Syr. hypophos. co.	℥ij.
Fairchild's essence of pepsin	℥ij.

M. Sig.—Two to four teaspoonfuls at each dose in water, omitting or adding the celery extract, or Morse's glycerole of celery, as desired.

The profession is much indebted to the improved pharmaceutical methods of the day, and the many really elegant medicinal preparations, for means of formulating palatable and otherwise agreeable prescriptions unknown to the ancient fathers in physic.—*Weekly Medical Review.*

ERGOT IN CRANIAL INJURIES AND PULMONARY INFLAMMATION.

BY J. E. KELLY, F.R.C.S.I., M.R.I.A.,
NEW YORK.

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IN the following paper, under the term "ergot," I include the various preparations derived from the sclerotium of the claviceps purpurea, which are capable of producing the physiological effects attributed to the drug. The unfortunate pharmaceutical complexity of names and preparations renders a comprehensive term expedient, and I have adopted that which is employed most frequently. Among the many preparations of this agent I prefer Bonjean's "ergotine," although I have had equally satisfactory results from the fluid extract of ergot.

I wish to relate briefly my experience of two therapeutical applications of ergot, one of which, I think, I may claim as somewhat original, while I am of opinion that the other is used but too infrequently for a remedy of such exceptional utility. I allude to its hypodermic administration in cerebral injuries and

pulmonary inflammation, a method of treatment from which, in both these conditions, I have obtained very gratifying effects.

Whether we attribute the physiological effects of ergot to its inhibitory or retarding influence upon the heart, to its dilating effects upon the venous system, with the consequent withdrawal from active circulation of a considerable portion of the blood, or to its more positive influence upon the vaso-motor centres, exciting the contraction of the non-striated muscular fibres in the arterial system, we must recognize that its ultimate effect is to diminish, to a marked extent, the area of the arterioles and consequently the reduction of the quantity of blood which reaches the capillaries. These conditions induced me to suggest its use in a case of injury of the head relative to which I was consulted some six years since. The patient suffered from a very severe cerebral concussion, which was the result of a fall, and when I saw him he was rapidly passing into a condition of grave compression. The hypodermic injection of ergot distinctly retarded the progressive symptoms, and, upon the treatment being continued, the patient recovered with great rapidity. This satisfactory result encouraged me to test the remedy in several grave cases of head injuries which occurred during my service in the Jervis Street Hospital, Dublin, adopting the precaution of withholding the injection, when severe collapse was present, until reaction had set in, owing to the possibility of the ergot exercising any inhibitory influence upon the already enfeebled heart. This treatment gradually grew in favor, owing to the rapidity of recovery and the marked diminution of the appearance of severe symptoms in the great majority of head injuries which were subjected to it, until ultimately it became the routine of the hospital before the severance of my connection with it; the house officers primarily administering one or more injections to the patients admitted to the institution with symptoms of intracranial injury. It is unnecessary to dwell upon the rationale of the procedure further than to mention that as a means of diminishing the reactionary circulation in concussion, and limiting extravasation in laceration, the utility of ergot, or some of its derivatives, is very obvious.

The pathological importance of the dilated arterioles, the capillary stasis, and the increased blood-pressure in active pulmonary hyperæmia

and inflammation would naturally suggest the exhibition of a drug, the action of which is held by reliable authorities to induce the contrary conditions. When I gained my first experience of the efficacy of ergot in pulmonary inflammation, which was shortly after the cerebral case I have just described, I was not aware that Wycisk, in Germany, Yeamans, in America, and others had already administered it internally in pneumonia. It resulted from the necessity of affording relief to a lady who was compelled to continue her journey, after she had called at my office, suffering from acute pulmonary congestion, resulting from exposure and exhaustion. Her state was characteristic and most piteous, and the pathological condition suggested the remedy which promised the most rapid effect, namely, the hypodermic injection of ergot. The almost instantaneous relief which she experienced, and the fact that she required no subsequent treatment on her arrival at her distant home, impressed me profoundly. I repeatedly administered the remedy subsequently, and communicated my experience to my professional acquaintances, among them to that eminent physician, Dr. James Little, of Dublin.

One other example will enable me to indicate the application of this remedy under the most unpromising circumstances. Some three years ago I took charge of a patient in the second or third week of typhoid fever, who also had a very extensive double basic pneumonia. At the time I regarded the case as almost hopeless, and yet, to add to my difficulties, a few days after, the anterior lobe of the right lung became involved, causing the patient intense agony and the most distressing orthopnoea. Merely as a forlorn hope I injected ergot with the almost unexpected result of affording him a rapid, though partial, relief from the dyspnoea and a distinct mitigation of the acute pain. Again and again the inflammation attacked this lobe, and each time I treated him similarly with the same agreeable results. During this pitched battle between the ergot and the disease, which continued for two or three weeks, the posterior lobes progressed most favorably, and convalescence was established after a sickness of eleven weeks. I might add largely to those cases, but my object is attained if by those characteristic examples I direct more general attention to some of the potent influences of ergot.

I have overcome the difficulty of rendering ergotine portable by instructing Messrs. Metcalf, of Boston, to fill for me, with Bonjean's preparation, a capsule such as artists use to contain their colors. The requisite quantity of ergotine may be pressed out easily and dissolved in water immediately before it is injected. This expedient, combining simplicity and cleanliness, affords an excellent method of preserving a very delicate drug.—*Medical Register*.

SOME POINTS IN THE TREATMENT OF TYPHOID FEVER.

BY E. CHENERY, M.D., BOSTON, MASS.

THE treatment of typhoid fever, a hackneyed subject, is and must ever be, from the gravity of the disease, interesting, at least until its nature is completely understood, and a definite, rational mode of management is fully settled upon.

Were I young in medicine I should keep silence, but having had thirty-five years to observe and think in the sick room, I feel free to say some things. Moreover, my mind was pretty strongly turned to typhoid fever at first by being an interne in a hospital where it was before me almost in its entirety—its symptoms, treatment, etc., and its morbid appearances revealed in the dead-house in those who died. I was myself sick with it, and can speak from *experience* as to how it feels. Half of my father's family and my preceptor were sick with it, and under my anxious care at the time when Wood and Watson were our standards, so I know how patients behaved under that old-time treatment. Succeeding to another physician, I entered upon a country practice where every year brought many cases under my care. I early began to see errors in what was then the treatment and to react from it. Beside me was an experienced Thomsonian, whose practice I knew and some of whose patients I saw, and saw the folly of his course; for while I can often gain practical points even from sensible old women, there was not one thing in all that he did that I could accept. Everything was squarely contrary to what I believed proper to be done for it.

I. The first point to be had in mind in the treatment of typhoid fever is a map of its nature, clinical history, morbid changes, and possible complications or accidents, and the mode by which it kills.

Thirty years ago I came to accept, what is now very generally accepted, that typhoid fever is a specific infectious or a miasmato-infectious disease, and, as such, has all the attributes of this group of affections. It is an eruptive disease like small-pox, only the eruption is chiefly on the interior of the intestines, while that of small-pox is on the skin. The virus which propagates it to the soil, or to another person, is chiefly developed in the pustules in the bowels, as small-pox is chiefly developed in the pustules on the skin. Like the other diseases of its class it cannot, as a rule, be broken up, though its course may be modified for good or bad by what is done at the outset. Though some consider that it may recur in the same individual, my observation is that it follows the order of most of the other infectious diseases in rendering the person unsusceptible to a second attack, though it is more given to relapse at the time than any other of them. I have not yet seen a clear case the second time in the same individual. This has led me to employ those who have had it to care for cases of it rather than those who have not had it.

It is to be regretted that Dr. Loomis has not introduced the simple continued fevers or febriculæ into his great work, and kept up the distinction between the two, as Dr. Flint has done. The good physician who aims to call things by their right name is put to a disadvantage by the lower order of doctors, who pronounce every form of febrile movement they meet typhoid fever, and get to themselves great credit in quickly curing their patients.

Years ago, before we so well knew the power of aconite or the salicylate of sodium or ammonium, I was in the way of putting my cases, in which the febrile movement was soon sharp and severe, into the regular cold hydropathic pack, thereby producing relaxation of the skin and copious diaphoresis, with the satisfaction of generally speedily curing them.

These cases I did not call typhoid fever, but febricula. When I so treated a true case of typhoid fever I could not get such results, though the case was generally modified to advantage. One man, with the typhoid fever, a ship architect, was treated with the cold, wet sheet pack every day to his benefit, as I believe, and made so speedy recovery that, at the end of sixteen days, he went two miles to see his ship launched. His brother, with the same disease, was treated in a similar way by the

hydropathists themselves, and was nearly killed when he came into my hands. The water-packing had worked as badly for him as it had worked favorably for his brother. This treatment, however, involves so much time and skill that it cannot be popular with the physician who has not a competent assistant, and who is too busy himself to attend to it. For the most it is not called for in this fever.

Judging, as I do, between the typhoid and the simple fever, I am disposed to criticise the diagnosis of the cases thought to be typhoid fever, and which recovered inside of a week, as reported by Dr. J. R. Barnett in the December number of the Journal of the American Medical Association. From the nature of the disease I hesitate to believe that so happy results can be realized, yet I shall greatly prefer to be mistaken myself than to have Dr. Barnett mistaken.

II. The second point respects the series of changes in the eruption in the bowels. At first the inflammation is diffuse. By the end of the first week this diffuseness gradually disappears, and the inflammation in the agminated and solitary glands increases. The second week marks the increase of the typhoid deposits in these glands, with maturation of the pustules. The third week, in a general way, marks the sloughing and ulceration of the patches, while the fourth week marks their cicatrization.

1st. As we can aggravate the eruption and the secondary fever and so the danger in small-pox by irritants applied to the skin, or, conversely, mitigate the whole series of things by the opposite course, so we can increase or diminish the series of events in typhoid fever by harsh or mild measures applied to the bowels. I once made the blunder of giving a full cathartic to a case before I suspected the character of the sickness, and got twenty dejections and a severe series of symptoms from that time out. An active cathartic at any stage of the disease is an unmitigated evil. In any suspected case we must be on our guard. In the simple fever a good purgative is likely to be of great service. When needed in typhoid fever the mildest, as the gray powder, the mild chloride, oil, Epsom salts or something like them, and these in the smaller doses, is all that is justifiable. In the latter part of the disease I believe Bristowe correct in recommending only enemata.

2d. In the middle and latter part of the course, when the tongue is dry and tends to throw off its coat, leaving the surface glossy, I am much in the way of following Dr. George B. Wood in resorting to turpentine. But instead of giving it alone or in mucilage, I administer it in castor-oil and syrup, something as follows:—

R. Ol. ricini 3vj.
 Ol. terebinth 3ij.
 Syr. limonis 3viij.

M—Dose, one teaspoonful every two to four hours for the first day, with lengthened intervals the second day. Glycerine, or part glycerine, may be used for the syrup. The object of the oil in connection with the turpentine is to hold the turpentine while passing through the stomach and carry it forward more rapidly to the diseased surfaces below. Two to four times this dose may be given in case of hemorrhage, turpentine being one of the best hæmostatics here.

3d. I believe bismuth to be one of the most useful remedies administered at the first. I use it very much externally and internally in other inflammations to soothe and check. It is appropriate for this purpose here. It is also well fitted for the diarrhœa at any stage. Opium has little place in this fever.

4th. Milk, cool milk, is par excellence the most useful, the least irritating fever-food we possess. I thought and experimented myself into the use of this in full blast more than thirty years ago, at least fifteen years before the profession in this city got to using it. Sometimes, at first, it is better to give it with water, with lime-water, with the water in which rice, corn-meal or barley has been boiled for a length of time, and after the solid particles have been allowed to settle. But the patient soon begins to prefer the clear, cool milk, and never gets tired of it. I have never seen it bring the flush to the cheeks as I used to see beef-tea do when I was conventionally tied to it. Its residue is a soft mass to pass over the diseased surfaces, and to keep up the elimination from the bowels in place of laxative agents. Let the patient have all he wants.

III. The third point is the skin, in which the natural transpiration is mainly suppressed, and the naturally cooling effects of the sweat lost. To substitute the sweating process by artificial means, by bathing with water, is eminently rational. It should be begun with at the first and kept up night and day, with the patient awake or asleep, almost constantly, during

the highest temperature. It may be used alone or with soda, cool or tepid in the early stages, and warm or hot in the later. It is best done with a sponge in the hand under the clothes. If freely used there is little call for the less rational quinine or the antipyrine. It not only calms the nerves and cools by its evaporation, but it greatly helps the skin to get rid of the effete products of the body, and so saves from pneumonia, nephritis, or other complications liable to follow on the accumulations within of the fever detritus. This application of water to the surface means business for the nurse; hence the doctor must keep his eyes open to see that it is done. Aconite, so useful in simple fever, I believe to be generally ill-advised for this fever, unless we accept a day or two during the period of the rising temperature. It is irritating to the mucous membrane and depressing to the nervous system.

IV. The lungs must be supplied with cool, fresh air, the more the better. We are liable to err through our caution in this respect. A patient is not likely to take cold when he cannot sweat and when the fever is up. Later, it is otherwise.

V. The fifth and great point in the treatment of typhoid fever is, I believe, to keep the kidneys running and not to irritate them.

In years gone by, when water and milk were denied, and there was no moisture for these important eliminators, they could not work, hence the accumulation within the body of the poisonous nitrogenous compounds they were to throw off. Hence the severe grade of the nervous symptoms which have given this disease its dreaded name. The dry, swollen, fissured, and tremulous tongue, the subsultus, the carphologia, the severe delirium and coma, are not a necessary part of typhoid fever. They depend upon uræmic poisoning from defective working kidneys, and are to be kept away by attending to the skin and kidneys from the first. The importance of this point our text-books have failed to comprehend. Now the two most essential remedies for the kidneys are the salines frequently administered and the milk diet, and it is more for the usefulness of the milk on the kidneys than for any of its other valuable properties, great as they may be, that I commend its use in typhoid fever. It has not occurred to writers to note that the fever urine is unusually irritating to these organs, and that a free dilution of it by a copious use of water and

milk prevents this irritation, and promotes their best functions, by which the substances, which would have proved nerve poisons, are largely carried out of the body. By a constant and early attention here, I venture the assertion that nearly all cases of this dreaded disease may be made to take the mild form and run a favorable course, closing their career at an early date—within or about the end of the third week.

I have tried the hyposulphite of soda in some cases with advantage, but my favorite cooling diuretic, and diaphoretic saline is the following, variously modified:—

R. Liq. ammo. acetatis ℥ijj.
Potassæ nitratis ℥iss.
Aquæ camph. vel syr. limonis ℥j.

M.—Dose three or four teaspoonfuls in a glass or more of water every two or three hours for the first few days, after which the amount may be reduced, or the intervals made three or four hours.

The liquor ammonia acetatis may be continued to the end of the pyrexia. Sometimes I leave out the camphor and add in its stead some agreeable syrup, or part syrup and the rest glycerine. Sometimes I alternate it with sweet spirits of nitre.

Somehow this remedy speedily removes the headache, together with the other fever pains, and the sickness thereafter becomes a comfortable one. They tried a long time to relieve my pain with other means, even using the scarificator to the back of my neck, but without success; yet the first dose of the above combination took the distress all away.

I have not had a patient suffer pain more than a day or two, so successful is the ammonia and nitre treatment. I have no occasion to use opiates in this disease. Indeed, I believe them to be contraindicated. By checking the kidneys they are dangerous in typhoid fever. Sponging, camphor-water, sweet spirits of nitre, and the ammonia take their place, quiet the pains, and promote the sleep.

The excellent paper, by Dr. S. K. Jackson, at the American Medical Association, in Washington, on the "Ammonia Treatment of Typhoid Fever," as also Dr. J. R. Barnett's paper referred to, on the "Salicylate of Ammonia," are eminently worthy of consideration, though I have had no experience with the salicylate of ammonia.

VI. Of course, no depressing agents are to be used in this disease. The patient, like an in-

fant, is to be held up from the beginning by being kept in bed and by fluid foods, particularly fresh cool milk, flaxseed tea, and moss mucilage, acidulated with cranberry jelly, etc., and sleep favored by fresh air, a fresh position in the bed, or, better, a shifting to another fresh, cool bed in the room, and by the grateful sponging with water, or water with ammonia or spirits in it.

When sordes begin to show on the teeth, whatever be the stage of the fever, then is the time to begin internal stimulation by the use, preferably, of carbonate of ammonia in the milk. The aromatic spirits of ammonia used in the same way answers well. I have yet to learn that alcohol has any philosophical relation here. When stimulation is begun it should be carefully and persistently kept up. Camphor-water and sweet spirits of nitre for the nerves, and digitalis in small doses for the heart are in the right line. The mouth should be cleared of the sordes by swabbing with a solution of table salt, or a weak, bitter infusion, with soda, borax, or boracic acid, and frequently wet with weak glycerine.

VII. My seventh point is an eye to the mild cases. It is not my purpose here to make suggestions for the complications; for, as a rule, we shall not see many of them if we are discreet in the management of our cases during the first two weeks, and are thoughtful of the rest of the way out. It is my purpose, however, to say that we must not lightly look upon our so-called mild cases. They are the treacherous ones, and catch us at a disadvantage, because we go to sleep in our tent.

A classmate of mine came to the lectures for a week after he should have been in bed. He stayed at his lodgings another week, and, seeing that he would not be able to come up for the examination, went to his home. On the day that the rest of us graduated he graduated by a perforation and peritonitis. His was a mild case.

Two years ago I had a mild case in this city, and looked in on her every second day. She was well on in the third week. I left word for them to let me know immediately if there was any change. I saw her Saturday, but on Sunday morning her mother emptied the chamber "with much red-looking stuff" in it. In the afternoon she did the same. No word was sent to me. On my visit, Monday morning she was pale, sweaty, flabby, with subnormal temperature and just creeping pulse. She

soon died. Had I seen her Sunday, after the first alarming symptom, I believe she might have been saved. About that time another mild case, a boy, was taken with like hemorrhage from the bowels. To this case I was called and stopped the loss of blood. These mild cases are too often but tamed tigers.

Some years ago a case was so mild I was not called to it till the third week. He was always dressed and always sat up, and was out among the friends he was visiting; but his tongue was as smooth and glossy as it could be. He got the turpentine till the character of the tongue changed. I believe it to be a rule that the ulceration is not active when the tongue is coated and moist. On the contrary, I believe there is danger from the ulceration, whatever be the grade of the case, when the tongue is without coat and is dry and glossy. It is not till the third week we have much to fear; but after this time, however mild the case, we must be on the lookout for accidents of this sort.—*Medical Register.*

SOCIETY PROCEEDINGS.

PHILADELPHIA CLINICAL SOCIETY.

STATED MEETING, FEBRUARY 25TH, 1887.

(The President, DR. JAMES B. WALKER, in the Chair.)

THE PRESIDENT introduced the subject of "Artificial Feeding of Infants." The importance of the subject all will admit, and depends on:—

1. The inability of the mother to afford nourishment.
2. The demands of the child for the materials for growth, repair, and heat-production, and for *protection* from indigestion and the numerous disorders of mal nutrition. The prominent indications of non-agreement of any food are excessive colic, vomiting, and diarrhoea. The results are seen in losses of flesh, strength, vivacity, and color, non-development of general body, or of parts, as of teeth; retardation of infantile accomplishments, psychical or physical, or even loss of those which have existed. One or many of these conditions may exist, and call for attention on the part of the physician to the imperative needs of the little patient.

In choosing a diet there is no established

law save that the food shall be easily digested, non-irritating, and suitable for nourishment and heat-production. If the infant has been nourished by its mother the *quantity* may alone be at fault. In all such cases artificial food should be made to *supplement* and *not substitute* the natural supply. The amount of artificial food must vary with each case, from every alternate feeding to two or three feedings daily. Should the *quality* of the mother's milk be at fault, or should she be unable to nurse her child from other cause, a complete substitute must be furnished.

Here unquestionably the best, because furnishing the most rational substitute, is the wet-nurse. But rational though it be, it has objections which sometimes are insurmountable. Among these are the expense incurred, the difficulty of getting one whose milk is altogether satisfactory, or, this agreeing, the unsatisfactoriness of the individual herself, who, reins in hand, may, if inclined, drive the family to distraction. Apart from this many mothers object to having their little ones nurse at other breasts than their own, even when the substitute is cleanly in person, character, and habits, and much more so if doubt exist, as it often must, upon these scores. While not decrying wet-nurses, indeed, while claiming that for some infants they are our only means of salvation, the lecturer claimed that in most instances they are not indispensable.

In choosing a substitute for human milk for healthy children, the lecturer does not approve of the so-called infant foods, manufactured on large scale and kept on the druggists' shelves. These substances, many of which have much virtue, find a sphere in the management of the sick; but as a rule may be eschewed in arranging a food for the well.

For most babies condensed milk answers best for the first three to six months of life. Here again a choice may be made. There are several varieties of this food, most of which are supplied in quantities to grocers and druggists and lie an indefinite time on the shelf or counter, during which time they are liable to deterioration. This is not a matter of theory, but has been proven in more than one instance by an attack of severe indigestion and diarrhoea on opening a new can. The brand most satisfactory in the lecturer's experience is Canfield's, which is manufactured in Philadelphia, and is for sale only at the manufacturer's office,

where its freshness and purity are guaranteed. Or, if the sweetness of the condensed milk be an objection in an individual case, the "Evaporated Cream," a partially condensed milk, prepared by the same firm, may be used having it served fresh every day, or every alternate day. Unquestionably condensed milk is preferable for the young infant to the fresh (?) milk furnished by the middleman in our large cities.

If a child taking condensed milk is constipated, a small quantity of Mellin's, Horlick's, or Nestle's food may be used in each bottle, and will usually be all sufficient.

At least until a food has proven satisfactory the infant should be weighed at the end of each week, and should gain from three to four ounces to a pound, weekly. If severe colic, vomiting or diarrhoea occur without cause, such as teething, exposure, etc., some change is indicated. This will usually be the case where condensed milk is the diet, somewhere from the third to the eighth month. The addition of oat meal to the food may be all that is needed. It should be thoroughly cooked for three hours, then strained through a cloth, producing a white semi-translucent substance, about the consistency of starch, as used by the laundress. Of this from one to three tablespoonfuls may be added to each bottle according to the age of the child, and its powers of digestion. Lime-water is an important addition to the artificial food, and should be used continuously for the first ten or twelve months.

In most instances fresh cow's milk will have to be substituted for the condensed milk when the latter disagrees, or this, if obtainable pure, may be used from the first. This should be diluted to suit the age, and have added sugar, lime-water, and from a teaspoonful to two tablespoonfuls of cream to each bottle, varying the amount to suit the condition of the bowels. After the third month, or even before, some of the oat-meal gruel, prepared as already directed, may be added. In cities, all the water used in preparing the food should have been previously boiled. Sometimes an irritable state of the bowels, induced by one of many causes may be benefited by the substitution for a few hours of barley water, arrow-root water, or gum-arabic water, and on resuming the milk-food one of the above waters may be used as the diluent instead of plain boiled water.

Sometimes the use of peptonized milk, diluted with barley water, or the addition to the milk-food of the "Peptogenic Milk Powder," of Fairchilds, Brother & Foster, may be required for a shorter or longer period.

In the artificial feeding of infants, the plain nursing bottle with pure rubber nipple is better than spoon-feeding, giving exercise to the masticatory apparatus, and stimulating to more rapid functional development the salivary function.

The subject was discussed by the different members, and the experience of each one proved that cow's milk, in some form, was the best food for a child who must be artificially fed.

Dr. Anna McAllister spoke of some interesting experiments which had been tried at the New York Infant Asylum, under the supervision of Dr. J. Lewis Smith, where, in several autopsies on artificially fed infants, it was found that in those fed on *starchy* food the pancreas was very small, seemingly arrested in its development, while in those fed upon *condensed milk* the organ was normal in size.

Dr. Edward R. Stone gave a verbal report of a case of uræmic convulsions in nephritis, following scarlet fever, in a child six years of age, in which a hypodermic injection of one-twelfth of a grain of muriate of pilocarpine, gave most satisfactory results. The child had been in convulsions all day, but they were speedily checked after the administration of the remedy, salivation and diaphoresis setting in almost immediately. "Basham's Mixture" was used afterward, and the child made an uninterrupted recovery.

MARY WILLITS, M.D.,

1527 Green Street.

Reporting Secretary.

HOSPITAL REPORTS.

WESTMINSTER HOSPITAL.

REPORTED BY DR. ALFRED S. GUBB.

Tumor on Neck of Femur; Trephining.—

Charles S—, æt. 17, laborer, was admitted on November 14th with the following history: When fifteen years of age he first noticed a pain in the left knee, and at the same time in the hip and thigh of the same side. The pain left the knee in about six months, but continued in the hip and thigh, especially when

he stood or walked upon it. Six months ago he was examined by a medical man, who noticed a marked difference between the two hips. About this time the patient remarked alterations in the appearance of his lower limbs. Ever since the onset of the pain there has been stiffness of the left hip joint. On admission the left thigh was found to be slightly shorter than the right and somewhat atrophied. Some difference was noticed also in the size of the legs, but not as much as in the thighs. The bony prominences of the pelvis correspond exactly on either side. On the outer aspect of the left ilium, below the anterior superior spine, is a large tumor, pushing forward the sartorius muscle, and apparently fixed to the ilium, although it is movable to a slight extent. The skin over it is not involved. The movements of rotation and adduction are perfect, but abduction is limited. December 2d—Mr. Weaver made an incision over the swelling, which appeared to be produced by enlargement of the head and neck of the femur. After a consultation with Mr. Brow it was determined to trephine, but no abscess could be detected, the growth appearing to consist of chronic inflammatory enlargement. The wound was dressed antiseptically, and the limb put up on an interrupted, long Liston splint. No rise of temperature followed the operation. 4th—The patient has slept badly, and complains of great heat and pain in the left hip. The wound was dressed this morning and seemed quite healthy. There was very little discharge. Temperature 100.6° Fahr., morning; 102.8° Fahr., evening. 5th—The sutures were removed to-day; evening temperature 102.2° Fahr. 6th—The patient has slept better the last two nights; morning temperature 102.4° Fahr. He still complains of pain in the hip. 7th—The wound is now dressed twice a day. It smells very offensively and discharges a good deal. It is syringed out with carbolic acid one-fortieth. Evening temperature 104° Fahr. 8th—Patient had a sleeping draught last night and had a good night's rest. Evening temperature 104.6° Fahr. He was ordered four ounces brandy. 10th—He complains of a pain in the hip and sweats a great deal. At 5.40 A.M. his temperature rose to 106° Fahr., and this was followed by a rigor. At 6 P.M. it had fallen to 98.4° Fahr. He was ordered five-grain doses of salicylate of quinine every four hours. 11th—Since the patient has taken

the salicylate the temperature has not exceeded 101.6° Fahr. The discharge from the wound, though profuse, is less offensive, but he complains of intense pain in the knee, with occasional jerking, which wakes him up if asleep. 13th—The wound looks healthier, and the pain in the knee is less troublesome. There is still some discharge, slightly offensive in character. The temperature does not exceed 100.6° Fahr. 15th—The patient passed a fair night, but was disturbed several times by startings. His appetite is now very good. 17th—There is less pain in the hip, but the wound still discharges freely. In the evening the temperature rose to 102.2° Fahr. 18th—Last night the patient suffered from much pain in the hip, with startings. Evening temperature 102.2° Fahr. There is still a very free discharge, which, however, is only moderately offensive. 20th—The knee is still the seat of pain, and is both hot and tense. Temperature 102.4° Fahr. The discharge from the wound is more abundant than ever, but is not so fetid. 27th—The splint was removed to-day and a fresh one applied, extension (six pounds) being applied to the foot. Evening temperature 101.4° Fahr. The wound is rapidly healing. January 9th—The patient has had a good deal of pain in the hip, for which he has been given hypodermic injections. He is very anæmic and depressed. The superficial inguinal glands are swollen and tender. Temperature 99° Fahr. He takes his food well and the bowels are regular. February 9th—To-day Mr. Brow probed the wound, and found dead bone at the bottom. His general condition has improved. March 13th—The wound is gradually closing. The patient's condition is about the same. April 6th—To-day, a faint blush appeared around the wound and in groin, which was painted with perchloride of iron. The patient has had one or two rigors, and his temperature went up to 103° Fahr. 10th—The redness has gone away and the patient's condition has improved. 24th—Patient was discharged to-day to a convalescent home.

EMERITUS SURGEON.—The Board of Guardians of the Philadelphia Hospital at their last meeting elected Prof. William H. Pancoast Emeritus Surgeon of that institution. Prof. Pancoast served the Philadelphia Hospital as senior surgeon for many years, and this general action by the board will be greatly appreciated by many members of the medical profession.

THERAPEUTIC NOTES.

FETID BRONCHITIS.

- R. Ol. terebinthinæ ʒij.
 Ol. menthæ pip. ʒss.
 Tinct. belladonnæ ʒss.
 Mucil. acacia ʒj.
 Syr. simp. ʒj.

M. Sig.—Teaspoonful every three hours.

CHRONIC PHARYNGITIS.

- R. Acidi tannici ʒj.
 Tinct. benzoini comp. ʒss.
 Aquæ rosæ ʒvj.

M. Sig.—Use as a gargle twice daily.

CHRONIC DIARRHŒA.

- R. Tinct. opii deod. ʒj.
 Tinct. serpentariæ ʒiss.
 Ext. hamamelis fʒiss.

M. Sig.—Teaspoonful after meals.

CEREBRAL CONGESTION.

- R. Tinct. aconiti rad. ʒxx.
 Ext. ergotæ fʒss.
 Syr. simp. ʒiss.

M. Sig.—Teaspoonful in water every two hours.

A GOOD COUGH MIXTURE.

- R. Morphia sulphatis gr. iss.
 Tinct. lobelia ʒij.
 Syr. pruni virginianæ ʒij.

M. Sig.—Teaspoonful every three hours.

CHORDEE.

- R. Morphia sulphatis gr. iss.
 Ext. hyoscyami gr. j.
 Ol. theobroma q. s.

M. Ft. suppos. No. vi.

Sig.—Use one at bedtime.

CARDIAC ASTHMA.

- R. Tinct. belladonnæ ʒxxiv.
 Tinct. veratri viridi ʒxx.
 Morphia sulphatis gr. j.
 Syr. simp. ʒij.

M. Sig.—Teaspoonful after meals.

MELANCHOLIA.

- R. Tinct. belladonnæ ʒss.
 Strychnia sulphatis gr. ss.
 Aquæ camphoræ ʒij.

M. Sig.—Teaspoonful after meals.

TYPHOID FEVER.

Dr. Q. C. Smith recommends—

- R. Ol. sassafras ʒij.
 Ext. valerianæ fʒss.
 Glycerinæ ʒij.

M. Sig.—Teaspoonful every three hours.

DYSENTERY.

- R. Tinct. opii deod. ʒiss.
 Tinct. cannabis indicæ ʒij.
 Tinct. capsici ʒss.
 Tinct. eucalypti ʒiss.

M. Sig.—Teaspoonful every four hours.

GOUT.

- R. Vini colchici rad. ʒss.
 Tinct. digitalis ʒij.
 Liq. potassii citratis ʒiiss.

M. Sig.—Teaspoonful in water four times a day.

FEVER MIXTURE.

- R. Ext. aconiti rad. ʒxij.
 Spts. ammonii aromat. ʒij.
 Syr. limonis ʒij.

M. Sig.—Teaspoonful every two hours.

CHLOROSIS.

- R. Tinct. stramonii ʒj.
 Liq. potassii arsenitis ʒiss.
 Elix. gentianæ ferrat. ʒiv.

M. Sig.—Teaspoonful in water after meals.

AMENORRHŒA.

- R. Strychnia sulphatis gr. ss.
 Ferri sulphatis ʒss.
 Aloini gr. iv.

M. Ft. pilulæ No. xx.

Sig.—One pill after meals and at bedtime.

CARDIAC DROPSY.

- R. Tinct. digitalis ʒiss.
 Tinct. belladonnæ ʒss.
 Lithii bromidi ʒj.
 Liq. potassii citratis ʒiiss.

M. Sig.—Teaspoonful in water four times a day.

MENORRHAGIA.

- R. Ext. hamamelis fʒj.
 Ext. gossypii rad. fʒj.
 Elix. simp. ʒj.

M. Sig.—Teaspoonful every three hours.

UTERINE CARCINOMA.

- R. Tinct. belladonnæ ʒj.
 Morphia sulphatis gr. iss.
 Hydrarg. bichlor. gr. j.
 Elix. simp. ʒiv.

M. Sig.—Teaspoonful four times a day.

EPILEPSY.

Dr. N. S. Davis recommends—

- R. Potassii bromidi ʒvj.
 Tinct. digitalis ʒvj.
 Ext. galium alba ʒij.
 Elix. simp. ʒj.

M. Sig.—Teaspoonful before breakfast and before supper, and two teaspoonfuls at bedtime.

THE Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.

F. A. DAVIS, Att'y, Publisher.

A. L. HUMMEL, M.D., Business Manager.

Philadelphia, April, 1887.

TAMPONEMENT OF THE VAGINA IN UTERINE DISEASE.

DR. JAMES H. ETHERIDGE redirects attention in the Journal of the American Medical Association of March 26th to the value of the vaginal tampon in the treatment of various uterine disorders. Its action is purely mechanical, but the relief afforded is often almost marvellous. When the uterus is enlarged it increases in weight and sinks in the pelvis, dragging upon its ligaments and compressing its veins so that more or less venous stagnation follows as a matter of course. If the uterus be lifted up by a pessary or a tampon, the strain is removed from the ligaments and the pressure is removed from the veins. The congestion then gradually subsides, and the uterus decreases in size and weight until the normal is reached. The tampon is preferable to the pessary, however, because by it the leverage is distributed equally upon all portions of the vaginal tract, and not concentrated upon a limited ring of tissue.

One of the patients treated by Dr. Etheridge was suffering from general metritis with prolapsus of both ovaries. She had had all sorts of operations performed and advised,—repair of the neck of the perineum for laceration,—and had been recommended to have the ovaries removed. Dr. Etheridge placed her in the genu-pectoral position and tamponed the vagina with absorbent cotton, saturated with boro-glycerine. The vagina was douched and the tampon reapplied every third day except during menstruation, when of course everything was removed. This treatment was kept up for six months when there was complete mobility of the uterus. The neuralgia subsided, the tenderness of the uterus and the ovaries entirely disappeared, and her

condition was so much improved that no further medication was needed.

Another case was that of a woman suffering from laceration of the cervix and sub-involution of the uterus. She complained of violent pain in the legs and hips, and was suffering from severe menorrhagia. Various local applications had been made but without benefit.

Dr. Etheridge then resorted to tamponement and in two weeks the menorrhagia ceased and the pains disappeared. Within six months the uterus was reduced to its natural size, and spontaneous repair of the cervix took place.

A third, and equally as remarkable a case, was that of a patient who had congestion of the right ovary, and had not been out of bed for several months. Examination disclosed great tenderness of the pelvic tissues, especially in the right ovarian region, the slightest touch producing intense suffering. Tamponement was resorted to and immediate relief was obtained. The patient got out of bed on the following day, and went down-stairs to dinner in the evening. The improvement continued, and she is now attending to all her household duties.

She had previously been treated for nine months by local applications, tonics, laxatives, and nerve sedatives, but without any apparent beneficial results.

THE INTERNATIONAL MEDICAL CONGRESS.

DR. JOHN SHRADY, President of the New York County Medical Association, recently delivered an admirable address before that influential organization, urging upon every Fellow the duty of extending moral and material assistance to the coming International Medical Congress, and predicting that it would be the most brilliant of the world's scientific assemblages. Dr. Shradly pointed out that the difficulties which surrounded the work of the preliminary committees, and which were exaggerated with a purpose, have been overcome. Individual and sectional jealousies have been allayed. The unduly ambitious were rebuked by the prompt acceptance of resignations, and the embarrassments which were supposed to forebode defeat—and which

many were unpatriotic enough to desire—have only ended in the attainment of harmony of action. Some needed the lesson that there was to be no background for the display of incandescence, and that even the electric light might at times cast green and annoying shadows. Our Medical Republic is now at peace, and amply able to receive visitors from abroad, and render their stay agreeable, as well as perhaps profitable.

TREATMENT OF TONSILITIS.

DR. CHARLES McLEAN, in a recent issue of the British Medical Journal, makes the strange assertion that tonsilitis is little amenable to ordinary methods of treatment, and argues in favor of incising the affected gland or glands in all cases.

The value of that procedure will be freely admitted by all who have had recourse to it. The relief is marked and almost immediate. Timid persons and children, however, will shrink from the introduction of a bistoury or any sharp instrument into the mouth.

Fortunately, however, they can easily be relieved in another manner. For, notwithstanding Dr. McLean's assertion, there is no disease which yields so readily to appropriate treatment as tonsilitis. In many cases a cure can be effected at once by the administration of any prompt emetic. In others, five to ten grains of Dover's powder at bedtime will be promptly curative. In the severer grade of cases characterized by bounding pulse, high fever, and intense headache, relief can invariably be obtained from the following combination in from twelve to twenty-four hours:—

R. Tinct. aconiti rad.	℥ss.
Tinct. guaiaci	℥ss.
Syr. zingiberi	℥ss.
Syr. simp.	℥ij.

M. Sig.—From a half to two teaspoonfuls every two hours, according to the age of the patient.

If the urine is scanty and high-colored, an ounce of liquor potassi citratis may be substituted with advantage for the guaiac and ginger syrup.

In neglected cases, in which the physician is not called until suppuration is inevitable, the

best treatment will usually consist in the administration of emetics and arterial sedatives to be followed by free incision as soon as the locality of the pus formation can be perceived.

Free purgation is beneficial and essential in all the varieties of the disease.

OFFICIAL REPRESENTATIVES TO THE INTERNATIONAL MEDICAL CONGRESS.

DR. LEOPOLD SERVAIS, of Antwerp, has been appointed by the Belgian Government as representative to the Ninth International Medical Congress. More recently we learn that the Deputy Surgeon-General, Jeffrey A. Marsten, M.D., of the British army, has been designated a representative by his government, and the Government of France, through the Academy of Medicine, has designated as its representatives Drs. Charpentier, Dujardin-Beaumetz, Léon Le Fort, Trélat, and Vallin. From all directions, at home and abroad, the indications of a very large and brilliant assemblage are of the most gratifying character.

MEDICAL NEWS AND MISCELLANY.

DR. LOUIS SCHWARZ has removed to No. 1505 North Tenth Street, Philadelphia.

J. MARTINE KERSHAW, M.D., has assumed editorial charge of the St. Louis Periscope.

DR. FERDINAND VON ARLT, Emeritus Professor of Ophthalmology in the University of Vienna, died on March 7, 1887.

A QUARTERLY journal, entitled the American Journal of Psychology, will shortly be issued under the editorial management of G. Stanley Hall, Ph.D., of the Johns Hopkins University.

WE regret to learn that the publication of the Neurological Review has been indefinitely suspended in consequence of the continuing ill-health of its most esteemed editor, Professor J. S. Jewell.

THE MEDICAL STANDARD is a new monthly medical journal of unusual excellency. It is published by Messrs. G. P. Englehard & Co., Chicago, Ill., and edited by one of the most accomplished physicians of that city.

DR. WOODBURY recommends a soft, rubber shield to be slipped over the metal part of a penholder as productive of comfort to the writer, and as a preventative of what is known as writers' cramp.

DR. W. C. WILE, of 1006 Walnut Street, Philadelphia, and Dr. J. J. Berry, of Portsmouth, N. H., have been appointed secretaries of the Section on Anatomy of the Ninth International Medical Congress.

THE French Faculty of Medicine has conferred the great Lacaze prize of 10,000 francs, which is awarded every four years for the best work on the treatment of fevers—typhoid in particular—on M. Albert Robin.

DR. W. G. OUCHTERLONY, of Louisville, Kentucky, who has during the past year been pursuing his studies in Europe, returned to that city on the fifth of February. A brilliant reception in honor of the event was given on the 9th by Prof. W. O. Roberts, at his residence on Second Street.

DR. DUDLEY S. REYNOLDS, the talented and accomplished editor, author, teacher, and practitioner of Louisville, Ky., delivered the address before the Alumni Association of the Medico-Chirurgical College on the evening of April 7th.

DR. L. S. McMURTY, the accomplished surgeon of Danville, Ky., has been in the city visiting the hospitals and clinics for the past two weeks. He has by his cheery manners and brilliant professional attainments won many friends in the Quaker City.

THE Southwestern Lunatic Asylum, established at Marion, Va., has just been completed in the latest and best approved style of hospital architecture. Dr. Harvey Black, who for so many years was the skilful superintendent of the Eastern Asylum at Williamsburg, Va., has been elected to the superintendency of the Southwestern. Dr. Robert J. Preston, of Abingdon, is the first assistant, and Dr. John S. Apperson, of Town House, Va., second assistant superintendent.

A WORD OF WARNING.—As will be seen by the letter of our distinguished London correspondent, in the issue of the 16th ult., the gentlemen who have done so much to bring discredit on the meeting of the International Medical Congress, which will convene in the city of Washington, September 6, 1887, have adopted new tactics to injure that meeting, and to keep members away from its sessions. Their efforts to keep the leading men in the profession in Europe away from the Congress having proved a failure, and, seeing that in spite of their maldirected efforts a large number of the most eminent medical men from abroad will be present, they are now hatching a new scheme to keep them away

from the sessions of the Congress by any means in their power. The latest manoeuvre is to get up an excursion to the Rocky Mountains, said excursion to take place during the week of the Congress; to capture the representatives on their arrival and spirit them away on a junketing trip through the West to the Pacific Coast, under the plea that all of the prominent medical men of the United States are to go on the trip, and that only the backwoodsmen will attend the meeting. Now we wish to give a word of warning to these gentlemen.

If this report is true, which for the credit and honor of the profession we hope is not, it will be the most unwise thing that they can possibly attempt to do. The rank and file of the profession of the United States, who are the peers of the malcontents in every sense of the word, are deeply interested in the success of this great international meeting, and any man or set of men who will countenance such a scheme as this (which we believe has been projected) will bring down on their heads an amount of scorn which they will be unable to relieve themselves of in a whole lifetime. Such a scheme would be disgraceful in the extreme, but only on a par with the conduct of these would-be medical autocrats in the past. —*Medical Register.*

INTERNATIONAL CONGRESS.—In the Section on Medical Climatology and Demography, the following is a scheme of subjects for papers and discussions:—

I. Importance of the study of climatology and demography in connection with the science of medicine.

II. What constitute determinate climatic characteristics.

III. The effects of climate on the human race as manifested in local demographic conditions; and of the several elements of climate as shown by coincident meteorological, morbidity and mortality statistics.

IV. The question of acclimation.

V. Relative advantages of mountain and seaside resorts for recuperative purposes, and as palliative or curative in certain diseased states of the system—segregation *vs.* aggregation of invalids at health stations.

VI. The therapeutic value of natural mineral waters.

VII. Accurate records of prevailing sickness in any community a necessary factor in any comprehensive system of vital statistics. The responsibility of governments to amply supply their people with the climatic and vital statistics of their respective countries.

VIII. Collective investigation, apart from aiding the study of the natural history of disease, as contributive of numerical data having a demographic bearing, one, as to the kinds and propor-

tions of prevailing diseases; two, as to the absolute amount of daily sickness and consequent loss of time, occupation, etc.

IX. Medical nomenclature considered in its practical relations to vital statistics.

X. The amelioration of demographic conditions effected by preventive medicine. Influence of the physical well-being of a population upon its economy. Offences against moral and civil law in their medical relations to demographic circumstances.

Those who wish to present papers before the section must advise the secretaries before the first of May, 1887, and furnish them with brief abstracts of their papers before the first of June.

Attention is called to the following rule of the Congress: "In the meetings of the sections, no member shall be allowed to speak for more than ten minutes, with the exception of readers of papers and those who introduce subjects for discussion, who may each occupy twenty minutes."

Those who intend to be present at the sessions of the section, and, especially those who desire to take part in the discussions, will confer a favor by communicating with the president and secretaries, who will be further gratified at receiving suggestions as to the work of the section.

ALBERT L. GIHON, M.D., President,

P. O. Box 291, Vallejo, California.

Charles Dennison, M.D., 245 Fourteenth Street, Denver Colorado; Isambard Owen, M.D., 5 Hertford Street, Mayfair, London, W., England; Dr. E. Bertherand, au Secrét, d. l. Soc. Climatol. à Algiers, Algeria; Dr. A. Wernich, Regier u. Mediz-Rath. Cöslin, Germany, Secretaries.

NOTES ON THE USE OF GUAIAIACUM AS AN EMMENAGOGUE.—In 1873, in the pages of a weekly medical journal, I recorded some results of my use of the resin of guaiacum as an emmenagogue. I desire to draw notice to this particular employment of the drug again, and to communicate to my brethren my further experience upon the matter. My attention was first attracted to the value of the resin guaiacum as an emmenagogue by an able paper from the pen of Professor Cleland, of Galway, which was published in the Irish Hospital Gazette, in January, 1873, and in which it was pointed out that the drug is of use in some ovarian affections, and more especially as an excitant of menstruation in certain cases of amenorrhœa. I have given guaiacum in a large number of cases of amenorrhœa, with results which, in the main, bear out the observations and conclusions of Dr. Cleland. Making due allowance for the well known *post hoc propter ergo hoc* fallacy in therapeutic inference (a fallacy which peculiarly inheres to conclusions concerning the effects of drugs upon menstruation), my experience in the

use of guaiacum as an emmenagogue has led me to regard that drug as a remedy in promoting the menstrual secretion in a large proportion of cases of amenorrhœa. It appears most efficient when given alone in those cases in which the cause of the amenorrhœa is obscure; that is, in those cases in which there is no obvious spanæmic deterioration to which the menstrual deficiency is referable. I give ten grains of the powdered resin of guaiacum, stirred in a wineglassful of milk, every morning, before breakfast. The remedy may thus be given safely for some weeks. In a few instances, I have found it to be necessary to suspend temporarily the administration of the drug, on account of the production of a little abdominal pain and purging.

There is another important therapeutic use of guaiacum which was recorded long ago, and which I have often verified in practice. I mean the curative efficacy of guaiacum in some cases of dysmenorrhœa. As is well recognized in our profession, the causes of painful menstruation are numerous. Each case of dysmenorrhœa requires special investigation, with the view of casual amelioration, on the principle *cessante causa cessat et effectus*. In this regard I have found the division of these cases into the classes, congestive, neuralgic, and mechanical, as taught by the late Dr. Tanner, useful in practice as the lines of therapeutic indication. In those cases of dysmenorrhœa in which we can find no vice-producing menstrual obstruction of a mechanical nature, and in which there are no local inflammatory or plethoric signs, the ammoniated tincture of guaiacum is a reliable remedy when given during the painful period. I direct a dose of from half a drachm to a drachm, to be taken in a wineglassful of water, every two or three hours, until the pain is relieved. I owe the knowledge of this excellent remedy to the practice of the late Dr. Evans, of Birmingham. I find the following reference to this employment of guaiacum in the late Dr. Frederic Farre's learned abridgement of Dr. Pereira's *Materia Medica*,—"In obstructed and painful menstruation, not arising from any plethoric, inflammatory, or congested state of system, the ammoniated tincture of guaiac has been employed with advantage."—SIR JAMES SAWYER, M.D., *Birmingham Medical Review*.

INTERNATIONAL MEDICAL CONGRESS—TRANSATLANTIC RATES.—Members wishing to attend the International Medical Congress in Washington, September, 5th, 1887, can be accommodated by the following steamship lines at the liberally reduced rates mentioned, viz.:—

Red Star Line—\$100, Antwerp-New York and return.

Inman Line—\$100, Liverpool-New York and return.

Hamburg Line—\$90, Hamburg-New York and return.

Royal Netherland—\$80, Amsterdam-New York and return.

Since that notice we have received authentic information that the several lines named have consented to extend the same rates to the families of members, as the following letter shows:—

WASHINGTON, D. C., Feb. 14, 1887.

A. Y. P. GARNETT, M.D., *Chairman of the Committee of Arrangements of the International Medical Congress.*

DEAR DOCTOR: I am happy to inform you that, through the instrumentality of Mr. Edward F. Droop, agent in this city for the lines, who has manifested so much interest in this matter, we have been able to secure from the Hamburg-American, the Red Star, and the Inman Lines the offer of the same reductions for the families of members of the Congress as those I have already reported for the members themselves.

Very truly yours,

J. W. H. LOVEJOY,
Ch'm. Com. on Transportation.

To aid the work of the Committee on Transportation, the State Department of our Government at Washington has kindly instructed the resident United States Consuls at European ports from which the steamships leave, to actively aid in ascertaining the number of those wishing to avail themselves of the reduced rates offered. This is more fully explained by the following letter:—

DEPARTMENT OF STATE,

WASHINGTON, Feb. 5, 1887.

SIR: The Committee of Arrangements of the International Medical Congress, which meets in Washington in September next, desire to ascertain as nearly as possible the number of delegates who will attend the same, with a view of making favorable terms for their transportation. For this purpose you are therefore instructed to bring the matter to the attention of those interested by such means as you deem best, requesting that you may be furnished with the names of such delegates as will attend, and the number of ladies who will accompany them. The result of your efforts should be promptly reported. I am, sir, your obedient servant,

J. D. PORTER, *Assistant Secretary.*

It will be a great favor to all interested in the Congress if the medical periodicals in the different countries of Europe will give the foregoing information to their readers as early as practicable.

A POINT IN PROPHYLAXIS.—The prevention of phthisis is a subject worthy of more study than it has yet received. Much has been said in a gen-

eral way regarding good food, pure air, and right hygienic surroundings for children who exhibit a predisposition to pulmonary diseases, and during the last year some very practical deductions have been made. It is a wise thing to look to general conditions, but we sometimes forget that one of the most potent factors in the inception of phthisis is found in the lung itself.

It is almost a truism that if normal function be maintained, abnormal conditions are antagonized. Why does phthisis appear in the large majority of cases at the apex? After all the discussion upon the subject are we not justified in the simple conclusion, that in many instances it is mainly because of imperfect circulation from imperfect expansion? The apices, the smaller parts of the lung, are not called into free action during ordinary respiration; the child contracts a habit of stooping over the desk at school, or over books and toys at home, and sooner or later the physician finds poor infra-clavicular expansion, flatness, and possibly dulness.

So far, it is simply a condition of non-use, after a while we may find a broncho-pneumonic deposit.

It is not hard to follow, link by link, the chain of circumstances which leads so often to a fatal termination. Poor expansion, imperfect function, impaired circulation, feeble development, occluded vesicles, retained *debris*, local inflammatory action, these are local conditions which only await some slight lowering of vitality to become well-defined symptoms of well-marked disease. At one end of this chain we may not be able to break the grasp so firmly fixed, but at the other, the beginning of the evil, we may do much.

All things which aid in lifting the patient to a higher level of vitality, which improve the hygienic surroundings and tend to restore normal functions are indicated, and these are well understood. Among these, sometimes forgotten, is the importance of chest development, and this should not be thought of as a mere theoretical proposition, but as a practical need in each case where the conditions mentioned exist.

There is no need for a complicated and expensive apparatus. The writer has had the best results from following a very simple method. The patient is directed to stand erect, to inspire freely with the arms extended in front at right angles to the body, the palms of the hands touching. Then, while the breath is held, the arms are slowly thrown back until the back of the hands approach each other behind. This is followed by full expiration and the arms are dropped to the side. In a few seconds this is slowly repeated. The muscular tension upon the walls of the upper chest in a manner pulls open the apices, and the retained air passes into the vesicles. When this exercise is repeated eight or ten

times, night and morning, there is often a most noticeable increase of direct expansion, especially marked if the record is kept with calipers.

It is not too much to ask that this simple addition be made to the usual directions given in a case presenting a tendency to phthisical development, or even in cases of incipient phthisis. It would not be a hard task to impose upon all children, especially the feebler ones.

The exact manner of the exercise is not important, but it is important that the same opportunity for development be given the upper part of the lung that nature provides for the lower.—WILLIAM PORTER, M.D., *Weekly Medical Review*.

SUBSTITUTION BY DRUGGISTS.—There was a time when there was no intermediary between the physician and his patient—when every doctor dispensed his own medicines. In cities and closely settled communities this practice gradually became burdensome, and was relegated to a special class, the druggist or pharmacist; but the old-time custom is still adhered to very largely among the rural or country physicians.

When the "patent medicine man" made his appearance, this agent or intermediary of the physician, promptly assumed the same position towards the intruder, and united to his honorable calling of pharmacist the less honest but probably more profitable one of vender of nostrums. This anomaly would have adjusted itself in time, and, indeed, has already partially done so, but the druggist has been deflected from the straight and narrow path. Aiding a fraud, what more natural than that he should, in certain instances, become imbued with the spirit of fraud? Seeing the gullibility of the public, and knowing the profits accruing from the trade in nostrums, the less honest and more avaricious members of the guild, were henceforth but ill-content with the comparatively meager profits of their honorable and legitimate calling. The outgrowth of this spirit was the crying evil of substitution—the replacement of high-priced ingredients in prescriptions, by others less costly and totally inefficacious. There is scarcely a physician in our cities and towns who has not, at some time, had good reason to complain of this evil.

Of late, the rascally practice has taken a wider range, in a direction made possible by the legitimate advances of the art of pharmacy. We refer to substitution as applied to those products of chemical and pharmaceutical skill aided by abundant capital, known as "proprietary preparations"—preparations, the nature and ingredients of which are made known to the medical profession, for whose use alone they are manufactured, and, which are by no means to be classed or confounded with "patent medicines." Many of these proprietary medicines are of great value commercially, and as a result they are

composed of the purest drugs, compounded with great skill. A certain proportion of the medical profession (and some of them men of wide and honorable reputations) have found these preparations good and useful, and their exhibition attended by most satisfactory results; and hence have prescribed them largely, not the least potent reason for this fact being the feeling of security against substitution induced by the careful and often costly methods of package adopted by the manufacturing chemists. But as "love laughs at locksmiths," so laughs the substituting druggist at seals and wrappers of unique designs, at signatures and brands; and the manufacturing chemist who spends thousands and hundreds of thousands of dollars in keeping up the standard of his preparations, finds himself suddenly accused of allowing them to deteriorate, or possibly of sophisticating them for greater gain.

Without referring to them by name, we may say that very recently a number of the great manufacturing houses have found themselves in this unpleasant position; and in every instance where investigation was possible, the fact was disclosed that the apparent deterioration was due to the dishonesty of the retail druggist or prescriptionist who had substituted his own worthless compounds for those ordered by the physician.

Such substitution is not simply dishonest; it is felonious, and displays the same reckless disregard for life that marks the burglar or highwayman who is prepared to take a life if it stands in the way of his plunder. The man who does it does not simply filch a few cents from the pocket of his customer (frequently poor and needy), nor does he merely jeopardize the reputation of a physician, but he puts in peril the life of the customer who trusts him.

The honest members of an honorable profession, and fortunately they are largely in the majority,—the reputable pharmacists owe it to themselves to expose these vultures and drive them from the trade. In doing so they should have the aid and countenance of every physician. In the meantime, let every physician not content himself with shunning the shops of those whom he detects in the nefarious habit of substitution, but boldly denounce them, and warn his patients against carrying prescriptions to them. Concerted action of this sort will soon purge the trade of the offending members.—Editorial *St. Louis Medical and Surgical Journal*, March, 1887.

A PRACTICAL HINT ON THE PERFORMANCE OF TRACHEOTOMY.—Upon looking through various text-books and articles upon this operation, I can find nowhere any insistence upon the following detail,—one important, as I believe, at any

rate to operators of not large experience, and valuable, as increasing greatly the facility, and therefore the success of the operation. The operator is usually recommended, standing preferably on the right side of his patient, after first determining the exact relation of the parts, to fix the trachea with the left hand, the fingers on one side and the thumb upon the other, at the same time stretching the skin at the site of the incision. The direction is at least distinct, but the manipulation is in effect usually very different. In all of many cases which I call to mind, there has been a little (the only) trouble in the operation, and in some, considerable danger, delay, or anxiety, consequent upon the way in which the attempt is made to keep the windpipe steady, as customarily taught and performed; four fingers on the left side and the thumb upon the right side of the larynx press with more or less force immediately backwards to hold the organ in place, with the effect of considerably aggravating the dyspnoea (especially if an anæsthetic is not being employed), of flattening the pipe against the vertebral column to some extent, of in all cases increasing the depth at which the part to be incised can be reached, and frequently of failing to secure fixity of the larynx, which, likely to move with the slightest change of pressure, is pushed still more out of reach by the increased pressure made to secure it. Any or all of this inconvenience is the result of pressing backwards with the fingers placed upon the skin immediately on either side of the windpipe.

The suggestion I have to make, and which, I have no doubt, many surgeons have long ago thought of or adopted, although hitherto I have never seen it noticed, is so simple as to provoke a doubt as to its value; but any one who tries it will, I think, find it so effectual in practice as to have no more doubt than I have as to its advantages. Let the surgeon place his left hand, as widely expanded as possible, over the neck of a child in the position for tracheotomy, then resting the fingers upon one and the thumb upon the other side firmly upon the skin, as far to the side of the neck as they will reach, gradually draw in the thumb and fingers, and the skin (and loose tissue underneath) with them, towards the median line; as the sides of the windpipe are approached, a little more pressure, made in a backward direction, will place the ends of thumb and fingers in a position in which they almost meet behind the larynx, which is thus firmly held by the encircling hand in a position in which all the great bloodvessels, etc. (which have been wounded), and the vertebral bodies (which, it is recorded, have *blunted a knife-point*) are far out of harm's way, the windpipe itself starting forward and standing out prominently under the skin, which is yet fairly stretched (and can be

stretched more tightly) over the site of incision, and lying both as superficially as could be desired, and as perfectly under control as possible. Lastly, and this I think is not altogether unimportant, this procedure may be adopted without producing more than the very slightest degree of discomfort in any ordinary child—the younger the more easily; and one is still able to make the skin as tight as possible; now, however, the necessary pressure is distributed all around, instead of acting directly backwards upon the tube so as to flatten or displace it. I have even been able, without much trouble, to make the thumb and fingers feel each other behind it by this means; while by the older method I have seen the production of undoubtedly a dangerous increase of dyspnoea. I may have overrated the danger or underrated the utility of the usual method of fixation, but it has always seemed to me to be the only difficulty in an operation which, of course, has none for experienced surgeons, but to others presents often some trouble, chiefly in consequence of the fact that the means adopted for fixing the part to be incised, being ill-devised though time-honored, are not only not to be relied on to secure that end, but, as I have tried to show, they directly tend to increase the depth of the wound of the trachea from the surface and the distress of the patient; and in all the accidents I have read of, and some that I have witnessed, this method has shown itself marked sometimes by danger, often by inutility. W. L. BRADDON.—*Lancet*.

THE RHUS GLABRUM—A REMEDY FOR STOMATITIS.—Your readers may not consider a paper on this subject of sufficient importance to occupy their attention, inasmuch as it is often a very trifling affection—"thrush," "baby's sore mouth," etc.—but as the term is used by authors to embrace not only these trifling affections, but others much more serious and oftentimes fatal, and as the remedy which I have often used is a very safe one—by that I mean not poisonous—even in the mouths of little children, they will probably be willing to read what can be said in its favor. I am, too, impelled to offer it because only a few years ago a medical friend lost a loved child of tender age from stomatitis, which was cause of great sorrow to the parents; and also because Professor Thomas Spencer, of New York State, was, when in active practice, thirty years or more ago, prosecuted for malpractice, charged with having salivated a child and causing its death while treating it for cholera infantum, though he had not used a grain of mercury in the case.

The first notice I ever saw of the use of sumach was in the May number of the American Journal of the Medical Sciences in 1829, in a paper by Dr. William Fahnestock, entitled "On the Rhus Glabrum as a Remedy for Pyalism." I fancy

your readers are about to say, What has a remedy for ptyalism to do with the treatment of stomatitis? or, rather, is there such similarity in cause or morbid condition that the remedy for one would be likely to benefit the other?

What an opening there is here now to talk about germs; about every grade of stomatitis being caused by a different kind of germ, and that the remedy for the affection must be a germicide, and to descant learnedly on ptyalism as the result of a weakening of the system by the use of mercury, so that the germs, which were lying in the mouth in countless numbers, unable to prey on its structures while in full health, were loosed from their thralldom, enabled to multiply, and begin their ravages on the tissues! But I am not fitted for this opportunity, so will return and speak of my subject as though germs had never been heard of. Dr. Fahnestock's "first case was a patient who had been treated with mercury internally and externally for typhoid pneumonia, and which affected the system to a most distressing degree." So it seems there was typhoid pneumonia fifty years—nearly sixty years—ago, when in the opinion of our present medical teachers, the human system was strong, and patients could bear depletion, not allowable now. Professor Fahnestock continues: "The face and eyes were very much swollen, the tongue enlarged and protruded, the internal surface of the mouth denuded, and the fauces in ulcers. A lukewarm gargle of the inner bark of the root of the Pennsylvania sumach was ordered to be used every fifteen minutes, and mucilaginous drinks enjoined: relief was soon experienced, and in a few days the irritation was entirely removed."

CASE II. "A girl, 9 years old, profusely salivated when ill with remittent fever, and which resisted all the irritating compounds of borax, myrrh, etc., and continued until it had effected anchylosis of the jaw, extensive caries of the upper maxillary bone and sloughing of the cheek; then put under the care of another physician, who, after a time, abandoned the case in despair.

"She was then directed to a notorious panacea shop of this city, and dosed with half a dozen bottles of the celebrated nostrum, with no other effect than increasing the irritation and extending the sufferings.

"We were then asked to visit the child, and found her with jaw perfectly fixed, the angle of the mouth sloughed away, the superior maxillary bone of one side carious, and discharging from four to six ounces of the most fetid sanious matter every twenty-four hours, which excoriated the cheeks and rendered her extremely offensive to all attendants.

"We recommended to her as the only prospect of relief to submit to an operation, provided

healthy action could first be produced in the parts, which we anticipated from the correcting qualities of the sumach. She was immediately put under treatment, laxative and mucilaginous drinks ordered, and the gargle of the sumach used every half hour. In the course of a week or ten days the morbid action was changed, and the parts put on a healthy appearance.

"The operation was then performed, in which we removed the whole alveolar process of the affected side; the gums united most gently, the ulcer of the cheek healed up, and the patient recovered rapidly and has remained perfectly well." (The operation was performed December, 1825.)

I may add to this that I have known the patient intimately for more than fifty years, and, though her face is somewhat deformed, she is a healthy woman, the mother of healthy children, and now about seventy-five years of age.

Having thus shown its value as a remedy in ptyalism, which seems to have kinship with stomatitis, it is necessary to show how nearly alike are the symptoms, and that the sumach is as efficient in the one disease as in the other.

Dr. Joseph Parrish, half a century ago, in lecturing to his private pupils, used to speak to them when treating of diseases of the mouth, of a severe form of stomatitis, as "A disease resembling the effect of mercury," and Dr. Jesse Young, an eminent practitioner, in an article "On the Gangrenous Sore Mouth of Children," published in the *American Journal* for May, 1831, thus refers to the name of the disease given by Dr. Parrish: "I frequently see descriptions of a disease under the names of *cancrum oris*, gangrenous sore mouth, humid gangrene of the lips, gangrenous form of erosion of the cheek, etc., but there cannot be a more practical name, or one that conveys a more accurate idea of its appearance, than that applied to it by Dr. Parrish."

Dr. Young did not regard this disease as a trifling one; he speaks of it as "being frequently fatal under all the different modes of practice resorted to by different practitioners, and that no means have been heretofore generally successful, with the single exception of the *sulphas cupri*."

His desire was to add another remedy to the list, and for that purpose he wrote his essay. Allow me to quote a portion of it, to show how greatly his case resembled Dr. Fahnestock's and yet the one was stomatitis, a disease resembling the effects of mercury, the other the mercurial disease itself. In June, 1824, was called to a child four years and two months old, sick a week, despite efforts to cure it, and steadily getting worse. "On visiting him it was with difficulty I could be convinced that the child was not laboring under a severe mercurial salivation, there being several sores in the roof of his mouth and in his cheeks, which had exactly the appear-

ance of mercurial sores; the saliva flowed constantly from his mouth, and his breath exhaled an uncommonly fetid odor. On being assured that he had taken no mercury, and that it was impossible for him to have obtained it, I gave up the idea of mercury, and concluded that it must depend on an unfavorable state of the stomach and intestines." At that time Dr. Young had not heard of the value of sulph. cupri. He began treatment of the child June 13th; June 14th and 15th it grew steadily worse; on the 16th he wrote: "The sores look darker than yesterday, and I began seriously to apprehend a fatal result, particularly so, as I heard this morning of the death of a child in the neighborhood from what was said to be the same disease. Almost in despair of curing, I ordered a gargle or wash of eight grains of deuto-chloride of mercury in an ounce of water; the sores to be cautiously but accurately touched three times a day by means of a swab; and a tablespoonful of the decoction of Peruvian bark to be taken every four hours.

"By the twentieth the sores had all sloughed, some of the small ones had healed entirely, and the larger ones had a healthy florid appearance. Two of the other children were attacked, but not the least difficulty was found in curing them by the same means. Since then I have seen about thirteen cases, all readily cured by the same treatment." He adds: "Here, I would be understood as distinguishing between the disease in question and the aphthous sore mouth of children, so common, and which mothers generally manage themselves."

My object in quoting so largely from the physicians named was to show that these three careful observers could not distinguish between what is considered a dangerous stomatitis and a bad case of mercurial salivation, which in those days they not infrequently encountered. I have had both kinds of cases, from the mildest to the severest, and in the management of them have used the gargle or wash of the inner bark of the sumach, with excellent results. I had seen some cases of severe salivation before I saw Dr. Fahnestock's recommendation of the sumach in 1829; even while a student in the summer of 1826-27, when intermittent and bilious fevers were in nearly every home along the rivers Delaware and Schuylkill, and calomel was the common purgative and used in all affections, mercurial salivation was of course frequently met with, and, at that time, a dose of one drachm of calomel prescribed for me after five calomel and jalap pills had failed to do their work, salivated me severely, and showed me that the remedies for the relief of salivation were not very efficient. Before going further allow me to say here, in defence of the physicians of that time, that this free use of mercury was not an unmitigated evil. It

was indeed life and health to many, many people; for as soon as ptyalism was effected, attacks of fever of the most violent kind were at once shorn of their virulence, and convalescence commenced. So it was in my own case; so it proved to be in many cases of pneumonia, pleurisy, and some other inflammatory affections. It is well known to aged practitioners now living that, in dropsies and some other diseases where mercurials are of themselves not able to cure, the effect of ptyalism is to render the action of other remedies more efficient. Excuse the digression. During my first year of practice a woman sent to a drug store and got ten grains of calomel, and though it purged her well, without unusual delay, she was fearfully salivated. For weeks she was compelled to lie in bed on her side, so that the copious secretion of saliva could run from her mouth into a basin instead of going down her throat. The various means then in vogue to check the flow and heal the ulcers were persistently and almost unavailingly tried, and she continued to suffer on for weeks. This caused me to be very timid about the use of calomel; but after the sumach proved to be so efficient in the hands of Dr. F., the fear of ptyalism greatly subsided.

In December, 1836, I was called to attend a sea captain who had been badly ptyalized in Cuba when under treatment for "liver complaint." When I saw him at the house of his friend here, he requested me not to use any form of mercury when treating him, because he had suffered so greatly on the former occasion, and so long that he was compelled to go to England for change of climate in order to get well. I spoke to him of the curative power of the sumach, but he would not yield; so I did the best I knew for a few days without the mercury, and without any benefit to him, and then cautiously gave him some; fearing that I might have trouble with him, knowing full well that when a person has once been ptyalized by mercury, a very little will produce it again. On going into his room a few days later, I at once discovered the mercurial odor, and at the same moment he began to upbraid me in choice seafaring terms for what I had done. He was at once given the sumach infusion, or decoction rather, with which he washed his mouth thoroughly and often, and was soon well and delighted with the remedy. He also took at the same time the infusion of Peruvian bark, as directed by Dr. Parrish and used by Dr. Young.

So year after year, as cases occurred, I treated them—the mild and the severe, the baby's sore mouth, and all the grades up to the gangrenous sore mouth—with the sumach as the local application, in many of them using nothing internally beyond the mouth, except in one case.

On one occasion in a violent, rapid cancrum oris, which had so far advanced when I was

called that it seemed as though the disease would soon pass through the cheek, I feared to delay, feared the sumach would of itself be too slow, so swabbed out the gangrenous ulcer with nitric acid, and followed that with the sumach mucilage, with the most saving result.

It would be quite useless to call up the numerous cases which have presented themselves in a half century's daily practice, in all of which I used the sumach mucilage with comfort to the patient and satisfaction to myself, but I may mention a single case which occurred. In August, 1881, was called to see a granddaughter of John Downs, a healthy Scotchman, living at Spring Mill, who was suffering greatly with ulcers on the cheeks, roof of the mouth, and on the gums and side of the tongue, with a copious secretion and most offensive breath issuing from the mouth. The little thing was complaining heavily, and what they had put into her mouth for relief had so hurt her that she had a fear of everything offered to her. As the sumach was abundant, not fifty yards from the house, among the horn-blende boulders on the hill, it was soon dug and prepared for use. It was so mild as to be, instead of painful, most comfortable, and was used without other remedies save a mild cathartic or two. I began on the twelfth; in recording my last visit on the twentieth I find this record: "The sumach was a success." She was not only well, but from the hour she began it she was comfortable, a matter of some moment to a child only a few years old.

What else shall I say? That I had a dread of sulph. of copper and the bichloride of mercury. It is difficult to use them with children and have the parents to use them in our absence without danger of their swallowing the secretion, carrying with it some of the poison, especially when used as the corrosive sublimate was—eight grains to the ounce of water. With the sumach I felt safe. The root of the sumach has a thin outer mahogany-colored bark, thin as blotting-paper, which, when the root is freshly dug, is readily scraped off with the back of a table-knife, but if left until it dries can hardly be removed without cutting it off; under that is a thick, succulent, white bark, easily shaved from the wood. This, when dried, keeps well; this put into a clean white bowl and covered with boiling water, and even boiled, soon becomes a mucilage without taste or smell, and is ready for use. I generally procure it in the fall, and have it carefully dried.

Here I ought to stop, though feeling how pleasant it would be to me to tell your readers how valuable many of our indigenous plants were to us who practiced long, long ago. This theme may serve me in times yet to come. Vain hope! they will never come to me.—HIRAM CORSON, M.D., *Medical and Surgical Reporter*.

DR. AUGUST KOEHLER and E. C. SPITZKA, of New York, have discovered a new family form of nervous disease. The symptoms manifested during life are very much like those of a typical disseminated sclerosis. Several members of two generations of the same family were thus affected. An autopsy made in one case, which terminated fatally, revealed the presence of countless military aneurisms in the spinal cord, some of them being quite large; more numerous, but smaller ones, occurred in the pons and oblongata. There were no hemorrhages, but the white substance showed some discoloration, indicating a nutritive disturbance. A paper embodying the clinical and anatomical facts is announced for the International Congress, to be held at Washington.

BOOK REVIEWS.

A Practical Treatise on the Medical and Surgical Uses of Electricity. By GEORGE M. BEARD, A.M., M.D., and A. D. ROCKWELL, A.M., M.D. Large 8vo. Fifth edition, pp. 30-758. New York: William Wood & Co., 1886.

This standard American manual has been to a considerable extent rewritten and added to, particularly in the sections on faradic and static induction. It is by far the better guide for the specialist and general practitioner in electrotherapeutics of the many published. The chapters on general faradization and general galvanization are worthy of special study, and that on electro-diagnosis has been brought fully up to the latest actual knowledge in electro-pathology. The glossary and index are full and complete.

A Compend of Electricity and its Medical and Surgical Uses. By CHARLES F. MASON, M.D., Assistant-Surgeon, U.S.A. Square 12mo., pp. 108. Philadelphia: P. Blakiston, Son & Co., 1887.

This manual—No. 3 of "Medical Briefs"—will be of no service to the practitioner, and will mislead the student more frequently than it will guide him. The description of the Static-electric machine is incorrect; the statement that the chloride of silver cell is a good type of "two-fluid elements" is wrong; and a rheophore is not a conducting wire as stated, its derivation from the Greek, *phoreo* (I bear along, or transfer), referring to the terminal electrode. The department of electrotherapeutics is fairly handled, but too much compressed, it will not be soluble in the intellect of ordinary people. A really good compend on electricity in medicine would be a valuable member of the series of Briefs, and we hope to see it before the list is finished.

COMMERCIAL NEWS.

DR. DANIEL'S LATEST.

Daniel's Texas Medical Journal (Austin), for February, tells the following true story of a Texas physician who makes "snap diagnoses." "He was consulted by the wife of an influential citizen who said: 'Doctor, my baby is strangely affected, and I want you to tell me what's the matter. Whenever it goes to make water it seems to suffer great pain, and almost goes into convulsions.' 'Why, my dear madam,' replied the doctor, with the pompous and confident air of one who saw his opportunity for a brilliant hit, 'it is a clear case of elongated, and perhaps adherent prepuce.' 'Ah! indeed,' said the lady; 'and are you *sure*, doctor, that is what ails it?' 'Perfectly sure, madam, couldn't be mistaken; had thousands of such cases.' 'And what can you do to relieve it, doctor?' 'Oh, simple enough, my dear madam,' said the doctor, 'I'll just remove the surplus prepuccial tissue, stitch the integument and the mucous membrane back with a couple of antiseptic sutures, and the little fellow will be all right.' 'But,' said the lady, with a mischievous twinkle in her eye, 'doctor, my baby is a girl!' Exit the doctor, who had a patient to see just about that time. Fact."

Daniel's journal is nothing if not *interesting*. Price, \$2.00 a year in advance.

DISEASES OF WOMEN.

The fact is well known that no other diseases are so prevalent as the common ailments of women. There is abundant evidence that these troubles, when uterine, can be controlled by the general practitioner. The uterus should be supported or stayed, so as to perform its normal functions properly again.

The medical practitioner will rarely be so disappointed throughout the course of his practice as in minor gynecology when armed with inferior instruments. If he fails, the idea rarely enters his mind that it was the fault of the instruments, especially when recommended by his professor who has examined with similar ones in the clinic, and told what he saw. In family practice, the inconveniences are general, and can only be overcome by the ingenious shifting of the means at hand, and instruments designed for the occasion.

To overcome all objections to the use of uterine supporters, and to supply instruments that will entirely meet the wants of the general practitioner, Dr. S. S. Stauffer, of 624 Franklin Street, Philadelphia, has devoted more than fifteen years of study and work, resulting in the production of his Hard Rubber Uterine Supporters and Examining Instruments. These instruments have been received with such favor

by the profession that the demand exceeded his ability to supply them, necessitating his building a factory exclusively for their manufacture. He guarantees every instrument, and exchanges them until every patient is exactly suited.

Write to him for descriptive catalogue, saying you act on advice of this journal.

EXPRESSIVE, BUT SCARCELY ELEGANT.

THE MEDICAL BULLETIN received from one of its most valued contributors the following excuse for the failure on his part to furnish a promised article: "This month I am suffering from a diarrhoea of words, but constipation of ideas." *Gratuitous* prescriptions will reach him if sent to this office.

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It is seldom that really valuable remedies are pleasant beverages, yet the Cherry-Malt Phosphites of the Liebig Pharmacal Company (New York City) is an exceedingly agreeable tonic, and according to Dr. E. D. Wildman, of Yardley, Pa., it is an unusually efficient one as well. He says: "In neurasthenia accompanied with dyspepsia, I found Cherry-Malt Phosphites to give great relief by toning the nervous system, and thereby allaying the stomach and intestinal symptoms which resisted all the remedies usually prescribed.

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